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## PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES

July 14-August 10, 1940

The accompanying table summarizes the prevalence of eight important communicable diseases, based on weekly telegraphic reports from State health departments. The reports from each State are published in the Public Health Reports under the section "Prevalence of disease". The table gives the number of cases of these diseases for the 4-week period ended August 10, 1940, the number reported for the corresponding period in 1939, and the median number for the years 1935-39.

With the exception of influenza and measles, the incidence during the 4 weeks ended August 10 of the eight communicable diseases under consideration was again below the median expectancy for the period.

*Influenza*.—The number of cases (1,476) of influenza reported for the 4 weeks ended August 10 was about 38 percent higher than the number reported for the corresponding period in 1939 and about 50 percent higher than the median incidence for this period. The increase seemed to be largely due to a somewhat higher incidence in the West South Central and South Atlantic regions than would normally be expected at this season of the year.

*Measles*.—The number of cases (10,086) of measles reported for the 4 weeks ended August 10 was 80 percent higher than the number reported for the corresponding period in 1939, and 22 percent higher than the median incidence for this period. The increase is reflected largely in the higher incidence in the New England and Middle Atlantic regions, but all sections except the South Atlantic and Pacific reported more cases than the median expectancy for the region.

### DISEASES BELOW MEDIAN PREVALENCE

*Diphtheria*.—For the 4 weeks ended August 10 there were 640 cases of diphtheria reported, as compared with 1,030, 1,288, and 1,158 cases for the corresponding period in 1939, 1938, and 1937, respec-

tively. The current incidence was about 62 percent of the incidence last year and about 55 percent of the 1935-39 median figure for this period.

*Number of reported cases of 8 communicable diseases in the United States during the 4-week period July 14-Aug. 10, 1940, the number for the corresponding period in 1939, and the median number of cases reported for the corresponding period 1935-39<sup>1</sup>*

Division	Current period	1939	5-year median	Current period	1939	5-year median	Current period	1939	5-year median	Current period	1939	5-year median
				Diphtheria		Influenza <sup>2</sup>		Measles <sup>3</sup>		Meningococcus meningitis		
United States <sup>1</sup>				640	1,030	1,158	1,476	1,069	987	10,086	5,600	8,294
New England	16	16	52	3	1	3	1,927	899	899	5	5	9
Middle Atlantic	74	129	158	13	20	20	3,213	1,384	2,631	17	31	49
East North Central	110	136	211	93	91	107	2,618	600	2,328	11	11	46
West North Central	63	46	74	11	14	97	373	265	265	13	7	14
South Atlantic	124	284	265	526	554	317	400	409	535	21	19	48
East South Central	50	156	156	59	106	97	372	90	199	20	24	24
West South Central	91	107	192	636	177	212	362	231	184	8	16	15
Mountain	51	70	62	86	64	64	345	238	308	4	4	7
Pacific	61	86	83	49	42	57	476	1,484	977	7	5	15
				Poliomyelitis		Scarlet fever		Smallpox		Typhoid and para-typhoid fever		
United States <sup>1</sup>	716	783	783	2,985	3,117	3,796	108	178	239	1,481	2,001	2,322
New England	7	16	22	157	185	252	0	0	0	33	40	39
Middle Atlantic	19	71	71	796	637	747	0	0	0	122	140	171
East North Central	183	214	76	939	921	1,404	20	66	66	113	220	258
West North Central	127	69	28	256	359	419	45	57	81	113	128	128
South Atlantic	65	113	102	244	320	286	1	1	2	284	493	542
East South Central	42	28	83	147	176	158	8	2	2	185	337	436
West South Central	89	42	25	103	112	153	6	9	9	513	541	604
Mountain	41	22	13	100	152	163	20	12	40	45	51	68
Pacific	143	208	97	243	255	315	8	31	45	73	51	66

<sup>1</sup> 48 States. Nevada is excluded and the District of Columbia is counted as a State in these reports.

<sup>2</sup> 44 States and New York City.

<sup>3</sup> 47 States. Mississippi is not included.

*Meningococcus meningitis.*—The incidence of meningococcus meningitis remained at a low level. For the current period there were 106 cases reported, as compared with 122 for the corresponding period in 1939 and a median of 250 cases for the years 1935-39. Each section of the country shared in the favorable situation of this disease that now exists, but in the West North Central and East South Central regions the cases for the current period were only slightly less than the 1935-39 median.

*Poliomyelitis.*—Of a total of 716 cases of poliomyelitis reported for the 4 weeks ended August 10, Indiana reported 70, Washington 67, California and Kansas 65 each, Michigan 54, West Virginia 43, Texas and Ohio 37 each, Iowa 36, Louisiana 31, Kentucky 26, Montana 21, Oklahoma 19, and Illinois 16; approximately 82 percent of the cases occurred in those 14 States. For the country as a whole the current incidence is approximately 91 percent of the 1939 figure for

this period, which number (783 cases) also represents the 1935-39 median.

*Scarlet fever.*—The scarlet fever incidence (2,985 cases) was slightly lower than the recorded incidence for the corresponding period in 1939, but it was only about 79 percent of the average incidence for recent years. The Middle Atlantic region reported a slight increase over the 1935-39 median incidence, but other regions report very definite declines from the seasonal expectancy.

*Smallpox.*—The smallpox incidence also remained at a low level, the current incidence (108 cases) being the lowest on record for this period. In the East South Central region the number of cases was slightly higher than might be expected, but other regions reported a significantly low incidence.

*Typhoid fever.*—The recent favorable record for typhoid fever was maintained during the current period. The number of reported cases (1,481) was only about 74 percent of the number reported in 1939 and approximately 64 percent of the 1935-39 median incidence for this period. The situation was favorable in all sections of the country except the Pacific where the number of cases reported was slightly higher than the median expectancy.

#### MORTALITY, ALL CAUSES

The average mortality rate from all causes in large cities for the 4 weeks ended August 10, based on data received from the Bureau of the Census, was 10.8 per 1,000 inhabitants (annual basis). The average rate for the years 1935-39 was 10.3. In the two middle weeks of the period (weeks ended July 27 and August 3) the death rates were higher than in either adjacent week (11.9 and 11.7 as compared with 10.0 and 9.6 in the weeks preceding and following). Such excesses at this season of the year are usually due to excessive heat. An examination of data for individual cities indicates that the phenomenon was widespread, including cities from the East coast to Minneapolis and even Los Angeles. In 25 large cities the deaths for one or both of the weeks ended July 27 and August 3 were considerably above the 3-year average for the same week, the excess in many instances running as high as 50 percent and occasionally reaching 100 percent. The 25 cities with considerable excess in deaths were Richmond, Norfolk, Washington, Baltimore, Camden, Philadelphia, New York, Springfield, Mass., Rochester, N. Y., Louisville, Cincinnati, Dayton, Columbus, Cleveland, Detroit, Indianapolis, Milwaukee, Chicago, Peoria, St. Paul, Minneapolis, Des Moines, St. Louis, Kansas City, and Los Angeles.

## A DIAGNOSIS CODE FOR USE IN TABULATING MORBIDITY STATISTICS

By THOMAS PARRAN, *Surgeon General, United States Public Health Service*, and  
WILLIAM L. AUSTIN, *Director, United States Bureau of the Census*

Many nations have agreed upon the International List of Causes of Death as a standard for tabulating and publishing mortality statistics. This list properly gives special attention to the diseases that are the most frequently fatal, but this very fact makes it unsatisfactory for the tabulation of diagnoses for nonfatal illnesses. However, the widespread use of the International List for tabulating deaths makes it essential that it be used as the basis of a list for tabulating morbidity statistics.

Illnesses in hospital and clinic reports and morbidity surveys have thus far been tabulated according to a variety of diagnosis lists; comparison is, therefore, inconvenient if not impossible. There is a definite need for a list of diagnoses suitable for the classification and tabulation of morbidity data. Although several such lists have recently been set up, none that is linked to the last (1938) revision of the International List of Causes of Death has been accompanied by an alphabetical index of diseases to assist in coding illness diagnoses in a uniform way. Without a coding manual of this kind it is impossible for different coders to obtain uniformity in the assignment of specific diagnoses to the categories of the morbidity code.

To meet the need for a uniform tabular list for morbidity statistics that was closely linked to the last revision of the International List of Causes of Death, a committee of consultants was appointed to work with the United States Public Health Service and the Vital Statistics Division of the United States Bureau of the Census in setting up such a suitable diagnosis list. The most active of the consultants and officers were:

Selwyn D. Collins, Ph. D., principal statistician, United States Public Health Service.

Halbert L. Dunn, M. D., Ph. D., chief statistician for vital statistics, United States Bureau of the Census.

Lowell J. Reed, Ph. D., Sc. D., professor of biostatistics and dean, School of Hygiene and Public Health, Johns Hopkins University.

Joseph Berkson, M. D., Sc. D., chief, division of biometry and medical statistics, Mayo Clinic.

Edwin L. Crosby, M. D., Dr. P. H., statistician and supervisor of records, Johns Hopkins Hospital and University.

Theodore A. Janssen, chief of nosology section, division of vital statistics, United States Bureau of the Census.

W. Thurber Fales, Sc. D., director, bureau of vital statistics, Baltimore City Health Department.

The following persons have also cooperated with and furnished helpful advice and material to the committee: Dr. James A. Crabtree,

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Dr. Carroll E. Palmer, Dr. W. M. Gafafer, Mrs. Lily V. Welch, and Miss Clara Councell, of the United States Public Health Service; Dr. Helen Jeter, Director of Research, New York Welfare Council; Miss Dorothy Kurtz, Record Librarian, Presbyterian Hospital, New York; Mr. J. T. Marshall, Inspector of Vital Statistics, British Columbia Board of Health.

The diagnosis code which follows has been tentatively agreed upon by the committee as suitable for morbidity tabulations by hospitals and clinics and for sickness surveys to provide a general statement of the frequency of various types of illnesses. Although some classes of diseases, particularly neoplasms, have been shown in considerable detail, it was considered impossible in a list adapted to general use to provide all of the detail that would be desirable in special studies of particular diseases. To make a general list suitable for such studies, it will be found necessary to subdivide the diagnosis categories pertaining to the particular specialty under consideration. There are three ways in which the present list can be expanded. First, the rubrics in this list have been numbered in a way to leave unused numbers at frequent intervals. Second, the code has not employed the symbols X and V which are frequently used to supplement the digits. Third, the code may be expanded by introducing subdivisions of any present code number, to be designated by a letter or decimal.

The number of categories allotted to accidents and poisonings may be larger than the frequency of those conditions justify. However, in coding accidents it seems advisable to take account of both the nature of the injury and the circumstances under which the accident occurred. Thus persons interested in the kind of injury can obtain from this code such data as the number of skull fractures, other simple and compound fractures, joint injuries, lacerations, and superficial injuries with or without regard to the circumstances under which they occurred. Likewise, those interested in the prevention of accidents can obtain data on the circumstances or means of the injury, insofar as that information is available in the original record.

In the three-digit numbering system used for coding purposes, the first two of the three digits designate important or summary categories and the third digit subdivides these into more specific groups. Thus 01 as the first two digits of the code represents a group of common communicable diseases of childhood, while the third digit subdivides these into seven specific diseases. Similarly, 03 represents nonrespiratory tuberculosis, while the third digit separates these cases into tuberculosis of ten specific sites. Of the total of 95 categories in the abridged (2-column) list, 80 are devoted to diseases, 14 to injuries and poisonings, and 1 to conditions without sickness. Of the 527 categories in the detailed (3-column) list, 393 are devoted to

diseases, 130 to injuries and poisonings, and 4 to conditions without sickness. The diagnosis categories shown were selected as: (a) Those that occur with considerable frequency in hospital, clinic, and other morbidity data, (b) those that could be diagnosed with reasonable accuracy and would thus be codable from the available records, and (c) a few categories of small frequency but of general interest from various viewpoints.

The preparation of an alphabetical index of diseases and medical terms with their appropriate code numbers to assist in assigning diagnoses to the categories of the list is under way. In this task also the United States Public Health Service and the Vital Statistics Division of the United States Bureau of the Census are cooperating. The index is to include terms appearing in the Census Bureau's Manual of the International List of Causes of Death, terms collected in a long experience of cross-indexing diagnoses at the Mayo Clinic and the Johns Hopkins Hospital, terms appearing in the Canadian Morbidity Manual, and terms appearing in the Standard Classified Nomenclature of Disease. Terms that appear in more than one of these places will, of course, appear only once in this index. It is necessary to include some ill-defined terms in the index to indicate to the diagnosis coder where the case should be assigned even if it has to go to one of several "waste baskets" of other and ill-defined diseases.

A sickness diagnosis list and manual of this kind will serve in the field of morbidity statistics the function now served in the field of mortality statistics by the International List of Causes of Death and the coding manual prepared by the Vital Statistics Division of the United States Bureau of the Census. It should be emphasized that a morbidity code and manual of this kind will not take the place of or in any way conflict with any nomenclature which may be in use in an institution. The function of a nomenclature is to train the physician to use the clearest and most acceptable diagnostic terms to describe a particular clinical case; the function of this coding manual will be to aid a diagnosis coder in assigning the terms and disease names used by the physician to the proper category in the list for the purpose of statistical tabulations. The better the nomenclature the more accurate will be the assignment of diagnoses for statistical tabulations, but with a complete index to the code, the manual will be usable in connection with any nomenclature. Among those needing such a morbidity diagnosis code as this are hospital service plans which have no control over nomenclature and must accept diagnostic terms from a great variety of hospitals. This code does not attempt to provide enough categories for a detailed diagnosis cross-index, but is designed solely for statistical tabulations.

When the index is completed the code and index will be given a trial of several months in a number of hospitals and in special studies. In

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the meantime, suggestions for changes are invited. Revision will be made on the basis of these suggestions and the experience gained in the trials. It is planned to publish the code with the complete index as a Public Health Bulletin. As such it will be available at a nominal price from the Government Printing Office. Inquiries already received from many sources indicate that such a morbidity coding manual will be of immediate value to those working with morbidity statistics.

### LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS

#### I. Infectious and Parasitic Diseases

<i>Code Number</i>	<i>International List Number, 1938 revision<sup>1</sup></i>
00 <i>Typhoid fever and dysentery:</i>	
001    Typhoid fever-----	1
002    Paratyphoid fever-----	2
007    Bacillary dysentery-----	27a
008    Amebic dysentery-----	27b
009    Other forms of dysentery-----	27c
01 <i>Common communicable diseases of childhood:</i>	
010    Scarlet fever-----	8
011    Whooping cough-----	9
012    Diphtheria-----	10
013    Measles-----	35
014    German measles-----	38d
015    Chickenpox-----	38e
016    Mumps-----	44c
02 <i>Tuberculosis of the respiratory system:</i>	
020    Tuberculosis of the respiratory system, with occupational disease of the lungs-----	13a
029    Other tuberculosis of the respiratory system-----	13b, c
03 <i>Other forms of tuberculosis:</i>	
030    Tuberculosis of the meninges and central nervous system-----	14
031    Tuberculosis of the intestines and peritoneum-----	15
032    Tuberculosis of the vertebral column-----	16
033    Tuberculosis of other bones and joints-----	17
034    Tuberculosis of the skin-----	18
035    Tuberculosis of the lymphatic system (except bronchial, mediastinal, mesenteric, and retroperitoneal lymph nodes)-----	19
036    Tuberculosis of the genito-urinary system-----	20
037    Acute miliary tuberculosis-----	22a
039    Other forms of tuberculosis-----	21, 22b
04 <i>Gonococcus infection:</i>	
040    Gonococcus infection of the female genito-urinary system-----	
041    Gonococcus infection of the male genito-urinary system-----	
042    Gonococcus infection of the joints-----	
043    Gonococcus infection of the eye-----	
044    Gonococcus infection of the heart-----	
049    Other forms of gonococcus infection-----	25

<sup>1</sup> For the International List titles and inclusions, see Manual of the International List of Causes of Death (based on 1938 Paris revision), prepared by the U. S. Bureau of the Census, Government Printing Office, 1940.

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****I. Infectious and Parasitic Diseases—Continued**

<i>Code Number</i>		<i>International List Number, 1938 revision</i>
05	<i>Malaria:</i>	
050	Malignant tertian malaria-----	28c
051	Quartan malaria-----	28b
052	Benign tertian malaria-----	28a
059	Other forms of malaria-----	28d
06	<i>Syphilis:</i>	
060	Early syphilis-----	pt. 30g
061	Late vascular syphilis-----	30d, e
062	Tabes dorsalis-----	30a
063	General paresis-----	30b
064	Other forms of late syphilis of the central nervous system-----	30c
065	Other forms of late syphilis-----	pt. 30g
066	Congenital syphilis-----	30f
067	Syphilis, serology positive (only finding)-----	
069	Other forms of syphilis-----	pt. 30g
07, 08, 09	<i>Other infectious and parasitic diseases:</i>	
070	Undulant fever (brucellosis)-----	5
071	Cerebrospinal (meningococcus) meningitis-----	6
072	Erysipelas-----	11
073	Tetanus-----	12
074	Septicemia-----	24a, b, d
075	Gas bacillus infection-----	24c
076	Tularaemia-----	26a
080	Smallpox-----	34
081	Acute poliomyelitis-----	36
082	Acute infectious encephalitis (lethargic)-----	38
083	Herpes zoster-----	38c
084	Typhus fever-----	39a, b, d
085	Rocky Mountain spotted fever-----	39c
090	Ankylostomiasis-----	40
091	Actinomycosis-----	
092	Dermatophytosis-----	43
093	Other forms of mycosis infection-----	
094	Chancroid-----	
095	Other forms of venereal disease (except syphilis and gonorrhea)-----	44a
096	Lymphogranulomatosis-----	44b
099	Other infectious and parasitic diseases-----	3,
		4, 7, 23, 26b, 29, 31, 32, 38a, b, f, 41, 42, 44d

**II. Neoplasms**

10	<i>Malignant neoplasm of the buccal cavity and pharynx:</i>	
100	Malignant neoplasm of the lip-----	45a
101	Malignant neoplasm of the tongue-----	45b
102	Malignant neoplasm of the salivary glands-----	pt. 45e
109	Malignant neoplasm of the pharynx and other parts of the buccal cavity-----	pt. 45e, 45c, f

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****II. Neoplasms—Continued**

<i>Code Number</i>		<i>International List Number, 1938 revision</i>
11	<i>Malignant neoplasm of the digestive organs:</i>	
110	Malignant neoplasm of the esophagus.....	46a
111	Malignant neoplasm of the stomach.....	46b
112	Malignant neoplasm of the small intestine.....	46c, pt. 46e
113	Malignant neoplasm of the large intestine (except rectum) .....	pt. 46e
114	Malignant neoplasm of the rectum.....	pt. 46d
115	Malignant neoplasm of the pancreas.....	46g
119	Malignant neoplasm of other digestive organs.....	46f, h, m
12	<i>Malignant neoplasm of the respiratory system:</i>	
120	Malignant neoplasm of the larynx.....	47a
121	Malignant neoplasm of the bronchus, lung, and pleura.....	47c, d, e
129	Malignant neoplasm of other parts of the respiratory system.....	47b, f
13	<i>Malignant neoplasm of the female genital organs and breast:</i>	
130	Malignant neoplasm of the cervix uteri.....	48a
131	Malignant neoplasm of the uterus (except cervix).....	48b
132	Malignant neoplasm of the ovary.....	49a
138	Malignant neoplasm of other female genital organs.....	49b, c, e
139	Malignant neoplasm of the female breast.....	pt. 50
14	<i>Malignant neoplasm of the male genital organs:</i>	
140	Malignant neoplasm of the prostate.....	51b
141	Malignant neoplasm of the testis.....	51c
149	Malignant neoplasm of other male genital organs.....	51d, e
15, 16	<i>Other malignant neoplasms:</i>	
150	Malignant neoplasm of the kidney and adrenal gland.....	52a, 55a
151	Malignant neoplasm of the bladder.....	52b
152	Malignant neoplasm of other organs of the urinary system.....	52c
153	Malignant neoplasm of the skin of the neck, face, and hands.....	pt. 53
154	Malignant neoplasm of the skin of other sites.....	pt. 46d, 49d, 51a, pt. 53
157	Malignant neoplasm of the pituitary.....	
158	Malignant neoplasm of the brain.....	54, 57d
159	Malignant neoplasm of the spinal cord.....	
160	Malignant neoplasm of the bone.....	45d, 55b
161	Malignant neoplasm of the nasal cavity and accessory sinuses.....	55d
162	Malignant melanoma.....	
163	Generalized lymphosarcoma.....	
164	Other forms of generalized malignant neoplasm.....	pt. 50, 55c, e
169	Other malignant neoplasms.....	
17	<i>Nonmalignant neoplasm of the female genital organs and breast:</i>	
170	Fibroma of the uterus.....	pt. 56b
171	Endometrioma.....	
172	Polyps of the female genital organs.....	pt. 56c
178	Other nonmalignant neoplasms of the female genital organs.....	56a, pt. 56b, pt. 56c, 57a, 57b, pt. 57c
179	Nonmalignant neoplasm of the female breast.....	pt. 56c, pt. 57c
18, 19	<i>Other nonmalignant neoplasms:</i>	
180	Nonmalignant neoplasm of the pituitary.....	
181	Nonmalignant neoplasm of the brain.....	
182	Nonmalignant neoplasm of the spinal cord.....	56d

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****II. Neoplasms—Continued****Code Number.***International  
List Number,  
1938 revision**Other nonmalignant neoplasms—Continued.*

183	Nonmalignant neoplasm of the digestive organs-----	pt. 56e, pt. 57e
184	Polyp of the nasal cavity and accessory sinuses-----	pt. 56e
185	Other nonmalignant neoplasm of the respiratory system-----	
186	Nonmalignant neoplasm of the skin-----	pt. 56e, pt. 57e
187	Nonmalignant neoplasm of the bone-----	
190	Pilonidal cyst-----	pt. 123
191	Lipoma-----	
192	Hemangioma and lymphangioma-----	pt. 56e
199	Other nonmalignant neoplasms-----	pt. 56e, pt. 57e

**III. Rheumatic Fever, Diseases of Nutrition and of the Endocrine Glands, Other General Diseases and Avitaminoses****20      Acute rheumatic fever:**

200	Acute rheumatic heart disease-----	58a, b, c, d
201	Acute rheumatic fever without heart involvement-----	
202	Rheumatic chorea-----	58e

**21      Diabetes mellitus:**

210	Diabetes mellitus with infection or gangrene-----	
211	Diabetes mellitus with acidosis or coma-----	
219	Other diabetes mellitus-----	61

**22      Goiter:**

220	Toxic nodular goiter-----	
221	Nontoxic nodular goiter-----	
222	Exophthalmic goiter-----	
229	Other forms of goiter-----	63a, b

**23      Other diseases of the endocrine glands:**

230	Myxedema and cretinism-----	63c
231	Hypoparathyroidism-----	pt. 63e
232	Other diseases of the thyroid and parathyroid-----	63d, pt. 63e
233	Diseases of the pituitary-----	62
234	Addison's disease-----	pt. 21a, 65a
235	Ovarian dysfunction-----	pt. 66b
239	Other diseases of the endocrine glands-----	64, pt. 66b

**24      Other nutritional and general diseases:**

240	Cout-----	60
241	Obesity-----	
242	Malnutrition-----	pt. 66b
245	Other general diseases-----	66a, pt. 66b
247	Pellagra-----	69
248	Rickets-----	70
249	Other avitaminoses-----	67, 68, 71

**IV. Diseases of the Blood and Blood Forming Organs****25      Anemia:**

250	Pernicious anemia-----	73a
251	Secondary anemia-----	pt. 73c, d
259	Other forms of anemia-----	73b, pt. 73c, d

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**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****IV. Diseases of the Blood and Blood Forming Organs—Continued**

*International  
List Number,  
1938 revision*

<i>Code Number</i>	<i>Other diseases of the blood and blood forming organs:</i>	
26	260 Primary purpuras-----	72a
	261 Hemophilia-----	72b
	262 Leukemias and aleukemias-----	74
	263 Diseases of the spleen-----	75
	264 Agranulocytosis-----	76a
	269 Other diseases of the blood and blood forming organs... 72c, 76b, c, d	

**V. Chronic Poisoning and Intoxication**

<i>Code Number</i>	<i>Chronic poisoning and intoxication:</i>	
27	270 Alcoholism-----	77
	273 Occupational lead poisoning-----	78a
	274 Other lead poisoning-----	78b
	275 Occupational poisoning by other substances-----	79a
	278 Drug addiction-----	
	279 Other chronic poisoning----- } 79b	

**VI. Diseases of the Nervous System and Sense Organs**

<i>Code Number</i>	<i>Inflammatory diseases of the central nervous system:</i>	
28	280 Intracranial abscess-----	80a
	281 Encephalitis, except acute infectious-----	80b
	282 Meningitis, except meningoceccus-----	81
29	<i>Degenerative diseases of the spinal cord:</i>	
	290 Amyotrophic lateral sclerosis-----	
	291 Progressive muscular atrophy-----	
	292 Progressive muscular dystrophy----- } pt. 82	
	293 Multiple sclerosis-----	87d
30	<i>Diseases of the cranial nerves:</i>	
	300 Facial paralysis-----	
	301 Trigeminal neuralgia-----	
	309 Other diseases of the cranial nerves----- } pt. 87b	
31	<i>Intracranial lesions of vascular origin:</i>	
	310 Acute intracranial lesion of vascular origin-----	83a, b, c
	319 Residuals of intracranial lesions of vascular origin-----	83d
32	<i>Mental deficiency and psychiatric diseases:</i>	
	320 Mental deficiency-----	84a
	323 Schizophrenia-----	84b
	324 Manic-depressive psychosis-----	84c
	325 Neurasthenia-----	
	326 Other minor psychoses-----	
	329 Other psychiatric diseases----- } 84d	
33	<i>Other diseases of the nervous system:</i>	
	330 Paralysis agitans except result of encephalitis-----	87c
	331 Migraine-----	pt. 87e
	332 Epilepsy-----	85
	335 Other diseases of the central nervous system... pt. 82, 87a, pt. 87e	
	337 Diseases of the peripheral nerves-----	pt. 87e
	339 Other diseases of the nervous system-----	86, pt. 87e

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****VI. Diseases of the Nervous System and Sense Organs—Continued**

<i>Code Number</i>	<i>Diseases of the organs of vision:</i>	<i>International List Number, 1938 revision</i>
34	340 Glaucoma..... 341 Cataract..... 342 Strabismus..... 343 Errors of refraction..... 344 Detachment of the retina..... 345 Trachoma..... 346 Ulcer of the cornea..... 347 Inflammatory diseases of the eye and eyelid..... 349 Other diseases of the organs of vision.....	88
85	<i>Diseases of the ear and mastoid process:</i>	
	350 Otitis media..... 351 Other inflammatory diseases of the ear..... 352 Deafness..... 353 Meniere's disease..... 357 Other diseases of the ear..... 359 Diseases of the mastoid process.....	89a
		89b

**VII. Diseases of the Circulatory System**

36	<i>Chronic rheumatic heart disease:</i>	
	360 Diseases of the mitral valve..... 365 Other chronic rheumatic heart disease.....	92b 90a, 92c, 93c, 95b
37	<i>Hypertensive cardiovascular disease:</i>	
	370 Hypertensive cardiovascular disease..... 375 Hypertensive cardiovascular-renal disease.....	pt. 93 pt. 131a
38	<i>Other diseases of the heart:</i>	
	380 Subacute bacterial endocarditis..... 382 Diseases of the coronary arteries and angina pectoris..... 388 Functional diseases of the heart..... 389 Other diseases of the heart.....	pt. 91a 94 95a 90b, pt. 91a, 91b, c, 92a, d, e, pt. 93, 95c
39	<i>Hypertensive vascular disease:</i>	
	390 Hypertensive vascular disease with arteriosclerosis..... 399 Other hypertensive vascular disease.....	} 102
40	<i>Other diseases of the arteries:</i>	
	400 Arteriosclerosis..... 401 Vascular aneurysm (except of the aorta)..... 402 Raynaud's disease..... 403 Thrombo-angiitis obliterans..... 409 Other diseases of the arteries.....	97 96 } 99
41	<i>Varicose veins and hemorrhoids:</i>	
	410 Varicose veins of the lower extremities..... 414 Varicose veins of other sites..... 415 Hemorrhoids.....	} 100a pt. 100b
42	<i>Other diseases of the circulatory system:</i>	
	420 Phlebitis and thrombophlebitis of the lower extremities..... 421 Phlebitis and thrombophlebitis of other sites..... 424 Other diseases of the veins..... 426 Lymphadenitis and lymphangitis..... 429 Other diseases of the circulatory system.....	} pt. 100b 101 98, 103

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****VIII. Diseases of the Respiratory System**

<i>Code Number</i>		<i>International List Number, 1938 revision</i>	
43	<i>Influenza:</i>		
430	Influenza.....		33
44	<i>Acute nasopharyngitis:</i>		
440	Acute nasopharyngitis.....	pt. 104a, pt. 115c	
45	<i>Tonsillitis with tonsillectomy:</i>		
450	Tonsillitis with tonsillectomy.....		pt. 115c
46	<i>Diseases of the pharynx and larynx:</i>		
460	Tonsillitis without tonsillectomy.....		pt. 115c
461	Septic sore throat.....		115b
466	Other diseases of the pharynx.....		pt. 115c
467	Laryngitis.....		
469	Other diseases of the larynx.....		}
			105
47	<i>Bronchitis:</i>		
471	Chronic bronchitis.....		106b
479	Other forms of bronchitis.....		106a, e
48	<i>Pneumonia:</i>		
480	Secondary pneumonia.....		
489	Other pneumonia.....		}
49, 50	<i>Other diseases of the respiratory system:</i>		
490	Empyema.....		110a
492	Pleurisy with effusion.....		
493	Other pleurisy.....		}
495	Sinusitis.....		104b
496	Deflected nasal septum.....		
499	Other diseases of the nasal fossae.....		}
			pt. 104a
500	Allergic rhinitis (hay fever).....		
501	Asthma.....		}
503	Pulmonary embolism and infarction.....		111a
504	Pulmonary emphysema.....		113
505	Silicosis.....		114a
506	Other pneumoconiosis.....		114b
507	Abcscs of the lung.....		114d
509	Other diseases of the respiratory system.....	111b, e, 114c, e	

**IX. Diseases of the Digestive System**

1	<i>Diseases of the buccal cavity and esophagus:</i>		
510	Infected or impacted teeth.....		115a
514	Diseases of the salivary glands.....		
517	Other diseases of the buccal cavity and annexa.....		}
519	Diseases of the esophagus.....		116
52	<i>Ulcer of the stomach and intestine:</i>		
520	Acute perforating ulcer of the stomach.....		
523	Other ulcer of the stomach.....		}
525	Acute perforating ulcer of the duodenum.....		
527	Other ulcer of the duodenum.....		}
529	Ulcer of the intestine (except duodenum).....	pt. 119b, pt. 120b	
53	<i>Diarrhea and enteritis:</i>		
530	Ulcerative colitis.....		
539	Other diarrhea and enteritis.....		}
			119-120

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****IX. Diseases of the Digestive System—Continued**

*International  
List Number,  
1933 revision*

<i>Code Number</i>			
54	<i>Appendicitis:</i>		
540	Appendicitis with perforation.....		
549	Other appendicitis.....		}
121			
55	<i>Hernia:</i>		
550	Inguinal hernia.....		
551	Femoral hernia.....		
552	Ventral hernia.....		
553	Umbilical hernia.....		
554	Diaphragmatic hernia.....		
559	Other intestinal hernia.....		}
122a			
56	<i>Functional digestive disturbances:</i>		
560	Functional digestive disturbances.....	pt. 118, pt. 123	
57	<i>Other diseases of the stomach and intestines:</i>		
570	Cardiospasm.....	pt. 118	
572	Intestinal obstruction.....	122b	
574	Diseases of the anus and rectum.....		
579	Other diseases of the stomach and intestines.....		}
123			
58	<i>Diseases of the liver and gallbladder:</i>		
580	Cirrhosis of the liver.....	124	
583	Acute yellow atrophy of the liver.....	125a	
584	Other diseases of the liver.....	125b	
585	Biliary calculi.....	126	
586	Cholecystitis without biliary calculi.....	127a	
587	Catarrhal jaundice.....		
589	Other diseases of the gallbladder and biliary ducts.....		}
127b			
59	<i>Other diseases of the digestive system:</i>		
590	Diseases of the pancreas.....	128	
593	Peritoneal adhesions.....		
595	Peritonitis.....		
599	Other diseases of the digestive system.....	pt. 118, pt. 123	

**X. Diseases of the Genito-Urinary System**

60	<i>Nephritis:</i>		
600	Nephritis.....	130, 131b, 132	
607	Hypertensive vascular renal disease.....	pt. 131a	
61	<i>Other diseases of the kidneys and ureters:</i>		
610	Pyelitis, pyelonephritis, and pyelocystitis.....	133a	
612	Hydronephrosis.....		
617	Other diseases of the kidneys and ureters.....		
619	Calculi of the kidney and ureter.....	134a	
62	<i>Other diseases of the urinary system:</i>		
620	Calculi of other parts of the urinary passages.....	134b, c	
621	Cystitis.....	135a	
623	Other diseases of the bladder.....	pt. 135b	
624	Stricture of the urethra.....	136a	
626	Other diseases of the urethra.....	pt. 136b	
629	Other diseases of the urinary system.....	pt. 135b, pt. 136b	

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**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****X. Diseases of the Genito-Urinary System—Continued**

<i>Code Number</i>	<i>Diseases of the prostate:</i>	<i>International List Number, 1938 revision</i>
63	630 Hypertrophy of the prostate.....	137a
	631 Calculus of the prostate.....	
	632 Prostatitis.....	
	639 Other diseases of the prostate.....	137b
64	<i>Other diseases of the male genital organs:</i>	
	640 Hydrocele.....	
	642 Circumcision.....	
	644 Orchitis and epididymitis.....	
	649 Other diseases of the male genital organs.....	pt. 138
65, 66	<i>Diseases of the female genital organs and breast:</i>	
	650 Diseases of the ovaries, fallopian tubes, and parametrium.....	
	652 Cervicitis.....	
	654 Other diseases of the uterus.....	
	656 Vaginitis and vulvitis.....	
	658 Multiple pelvic diseases of the female.....	
	660 Cystocele and rectocele of the female.....	pt. 123, pt. 135b
	661 Malposition of the female genital organs.....	
	663 Menopause.....	
	664 Menstrual disorders.....	
	667 Other diseases of the female genital organs.....	pt. 139
	668 Mastitis.....	
	669 Other diseases of the female breast.....	

**XI. Deliveries and Complications of Pregnancy, Childbirth, and the Puerperium**

67	<i>Delivery with live or stillbirth:</i>	
670	Spontaneous full term delivery with live birth.....	
671	Operative full term delivery with live birth.....	
672	Spontaneous premature delivery with live birth.....	
673	Operative premature delivery with live birth.....	
674	Spontaneous full term delivery with stillbirth.....	pt. 149,
675	Operative full term delivery with stillbirth.....	pt. 150
676	Spontaneous premature delivery with stillbirth.....	
677	Operative premature delivery with stillbirth.....	
68	<i>Toxemia, hemorrhage, and infection of pregnancy, childbirth, and the puerperium:</i>	
680	Toxemias of pregnancy.....	pt. 141, 142, 144, 148
682	Placenta praevia.....	
683	Premature separation of placenta.....	pt. 141,
684	Postpartum hemorrhage.....	pt. 142,
685	Other hemorrhage of pregnancy, childbirth, and the puerperium.....	143, 146
686	Pyelitis and pyelonephritis of pregnancy, childbirth, and the puerperium.....	pt. 140,
687	Phlebitis of pregnancy, childbirth, and the puerperium.....	pt. 142,
689	Other infections of pregnancy, childbirth, and the puerperium.....	pt. 145,
		147
69	<i>Other complications of pregnancy, childbirth, and the puerperium:</i>	
690	Infection of the breast during lactation.....	150a
691	Psychosis of the puerperium.....	150b

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****XI. Deliveries and Complications of Pregnancy, Childbirth, and the Puerperium—Continued**

<i>Code Number</i>	<i>Other complications of pregnancy, childbirth, and the puerperium—Continued.</i>	<i>International List Number, 1933 revision</i>
692	Contracted pelvis-----	
693	Trauma of childbirth-----	
694	Abortion-----	pt. 140, pt. 141
695	Ectopic pregnancy-----	pt. 142
696	Multiple pregnancy-----	pt. 149
698	Other complications of pregnancy-----	pt. 145
699	Other complications of childbirth and the puerperium-----	pt. 149, pt. 150

**XII. Diseases of the Skin**

<b>70, 71</b>	<i>Diseases of the skin:</i>	
700	Furuncle and carbuncle-----	151
702	Cellulitis-----	
704	Paronychia-----	
709	Other local infections-----	
710	Eczema-----	
711	Impetigo-----	
712	Scabies-----	
713	Pediculosis-----	
714	Urticaria-----	
715	Psoriasis-----	
716	Pemphigus-----	
717	Dermatitis of occupational origin-----	
718	Dermatitis venenata-----	
719	Other diseases of the skin-----	

**XIII. Diseases of the Bones and Organs of Movement**

<b>72</b>	<i>Arthritis:</i>	
720	Chronic infectious arthritis-----	59a
724	Osteoarthritis-----	59b
729	Other forms of arthritis-----	pt. 156
<b>73</b>	<i>Other diseases of the bones and joints:</i>	
730	Osteomyelitis-----	pt. 154
731	Osteitis deformans-----	
733	Old fracture-----	
734	Other diseases of the bones-----	
735	Curvature of the spine-----	
736	Sacroiliac disease-----	
737	Bursitis and synovitis-----	
739	Other diseases of the joints-----	
<b>74</b>	<i>Other diseases of the organs of movement:</i>	
740	Torticollis-----	
742	Deformities due to previous illness or injury-----	
744	Ganglion-----	
746	Flatfoot-----	
749	Other diseases of the organs of movement-----	

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**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****XIV. Congenital Malformations**

<i>Code Number</i>		<i>International List Number, 1933 revision</i>
75, 76	<i>Congenital malformations:</i>	
750	Spina bifida.....	157a,
752	Other congenital malformations of the central nervous system.....	b, c, d
753	Congenital malformations of the heart.....	157e
754	Congenital malformations of other parts of the cardiovascular system.....	157f
756	Harelip and cleft palate.....	
759	Other congenital malformations of the digestive system.....	157g
760	Undescended testicle.....	
761	Hypospadias and epispadias.....	
763	Other congenital malformations of the genito-urinary system.....	157h
765	Congenital dislocation of the hip.....	
766	Other congenital malformations of the bones and joints.....	157m
769	Other congenital malformations.....	

**XV. Diseases Peculiar to the First Year of Life**

77	<i>Diseases peculiar to the first year of life:</i>	
770	Prematurity.....	159
771	Intracranial injury at birth.....	160a, b
773	Other injury at birth.....	160c
775	Infections of the newborn.....	161b
777	Feeding problems.....	pt. 158
779	Other diseases peculiar to the first year of life.....	pt. 158, 161a, c

**XVI, XVIII. Senility and Other and Ill-Defined Diseases**

78	<i>Senility and ill-defined diseases:</i>	
780	Senility with psychosis.....	162a
781	Other senility.....	162b
783	Rheumatism (except rheumatic fever).....	58f, 59c
784	Neuralgia and myalgia.....	pt. 87b, pt. 156b
785	Headache (except migraine).....	pt. 200
789	Other ill-defined diseases.....	199 pt. 200
79	<i>All other diseases:</i>	
790	Reaction from prophylactic inoculation.....	
791	Serum-sickness from therapeutic inoculation.....	
793	Other allergic manifestations.....	
799	Other diseases.....	pt. 200

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****XVII. Injuries and Poisonings**

*International  
List Number,  
1938 revision*

*Code Number*

84	<i>Acute accidental poisoning by drugs commonly injected or taken orally:</i>	
840	Accidental poisoning by alkaloids-----	
841	Accidental poisoning by barbiturates-----	
842	Accidental poisoning by bromides-----	
843	Accidental poisoning by other sedative drugs-----	
844	Accidental poisoning by arsenicals-----	
845	Accidental poisoning by digitalis-----	pt. 179
846	Accidental poisoning by sulfanilamide and related drugs-----	
847	Accidental poisoning by strychnine-----	
848	Accidental poisoning by aspirin and other salicylates-----	
849	Accidental poisoning by other nonsedative drugs commonly injected or taken orally-----	
85	<i>Acute accidental poisoning by chemicals not commonly injected or taken orally:</i>	
850	Accidental poisoning by bichloride and other mercury compounds-----	
851	Accidental poisoning by lye and other caustic alkalies-----	
852	Accidental poisoning by alcohol (except ethyl)-----	
853	Accidental poisoning by carbolic acid and other cresol compounds-----	
854	Accidental poisoning by silver compounds-----	pt. 179
855	Accidental poisoning by kerosene, gasoline, benzol-----	
856	Accidental poisoning by iodine-----	
857	Accidental poisoning by oil of wintergreen-----	
859	Accidental poisoning by other toxic substances not commonly injected or taken orally-----	
86	<i>Other acute poisoning:</i>	
860	Food poisoning from bacterial toxins-----	177
861	Other food poisoning-----	
862	Accidental poisoning by illuminating gas-----	pt. 178
863	Accidental poisoning by motor-vehicle exhaust gas-----	pt. 175b,
864	Accidental poisoning by other toxic substances-----	pt. 178, pt. 179, 194
865	Nonaccidental poisoning by gas-----	pt. 163,
		pt. 168, pt. 196-198
866	Nonaccidental poisoning by bichloride and other mercury compounds-----	
867	Nonaccidental poisoning by carbolic acid and other cresol compounds-----	pt. 163,
868	Nonaccidental poisoning by strychnine-----	pt. 168
869	Nonaccidental poisoning by other toxic substances-----	
87	<i>General effects of external causes:</i>	
871	Heat prostration-----	191
872	Effects of cold (low temperature)-----	190
873	Effects of mechanical suffocation-----	182
874	Effects of electric shock and lightning-----	192, 193
875	Effects of hunger or thirst-----	189
878	Effects of accidental submersion (drowning)-----	183
879	Effects of nonaccidental submersion (drowning)-----	164b, pt. 168

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**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****XVII. Injuries and Poisonings—Continued**

<i>Code Number</i>	<i>Injury by foreign body or firearms:</i>	<i>International List Number, 1938 revision</i>
88	881 Foreign body in eye..... 882 Foreign body in ear or nose..... 883 Foreign body in bronchus or lung..... 884 Foreign body in digestive tract..... 886 Foreign body in other locations..... 888 Accidental injury by firearms..... 889 Nonaccidental injury by firearms.....	{ 195d, pt. 195e pt. 184 pt. 164c, 166, pt. 196-198
89	<i>Burn or scald:</i> 890 Burn in motor-vehicle accident..... 891 Burn in other transportation accident..... 892 Burn by hot liquids..... 893 Burn by fire or hot objects..... 895 Sunburn..... 898 Other accidental burn..... 899 Nonaccidental burn.....	pt. 170 pt. 169, pt. 171-173   180, 181 pt. 164g, pt. 168, 196, 197
90	<i>Fracture of the skull:</i> 900 Fracture of skull in motor-vehicle accident..... 901 Fracture of skull in other transportation accident..... 902 Fracture of skull in machinery accident..... 903 Fracture of skull in sports or recreation..... 904 Fracture of skull by handling objects or hand tools..... 905 Fracture of skull from striking against an object..... 906 Fracture of skull from being struck by a falling object..... 907 Fracture of skull from fall..... 908 Fracture of skull in other accident..... 909 Nonaccidental fracture of skull.....	
91	<i>Simple fracture, except of the skull:</i> 910 Simple fracture in motor-vehicle accident..... 911 Simple fracture in other transportation accident..... 912 Simple fracture in machinery accident..... 913 Simple fracture in sports or recreation..... 914 Simple fracture by handling objects or hand tools..... 915 Simple fracture from striking or stepping on an object..... 916 Simple fracture from being struck by a falling object..... 917 Simple fracture from fall..... 918 Simple fracture in other accident..... 919 Nonaccidental simple fracture.....	2 p. 169- 176 pt. 185- 188 pt. 195- 198
92	<i>Compound fracture, except of the skull:</i> 920 Compound fracture in motor-vehicle accident..... 921 Compound fracture in other transportation accident..... 922 Compound fracture in machinery accident..... 923 Compound fracture in sports or recreation..... 924 Compound fracture by handling objects or hand tools..... 925 Compound fracture from striking or stepping on an object..... 926 Compound fracture from being struck by a falling object..... 927 Compound fracture from fall..... 928 Compound fracture in other accident..... 929 Nonaccidental compound fracture.....	

See footnote on p. 1574.

## LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.

## XVII. Injuries and Poisonings—Continued

## Code Number

International  
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93	<i>Dislocation, sprain, or other joint injury without fracture:</i>	
930	Joint injury in motor-vehicle accident-----	
931	Joint injury in other transportation accident-----	
932	Joint injury in machinery accident-----	
933	Joint injury in sports and recreation-----	
934	Joint injury by handling objects or hand tools-----	
935	Joint injury from striking or stepping on an object-----	
936	Joint injury from being struck by a falling object-----	
937	Joint injury from fall-----	
938	Joint injury in other accident-----	
939	Nonaccidental joint injury-----	
94	<i>Concussion of the brain without fracture of the skull:</i>	
940	Concussion of the brain in motor-vehicle accident-----	
941	Concussion of the brain in other transportation accident-----	
942	Concussion of the brain in machinery accident-----	
943	Concussion of the brain in sports or recreation-----	
944	Concussion of the brain by handling objects or hand tools-----	
945	Concussion of the brain from striking against an object-----	
946	Concussion of the brain from being struck by a falling object-----	pt. 169- 176
947	Concussion of the brain from fall-----	pt. 185-
948	Concussion of the brain in other accident-----	188
949	Nonaccidental concussion of the brain-----	pt. 195- 198
95	<i>Cut, laceration, or puncture wound:</i>	
950	Laceration in motor-vehicle accident-----	
951	Laceration in other transportation accident-----	
952	Laceration in machinery accident-----	
953	Laceration in sports or recreation-----	
954	Laceration by handling objects or hand tools-----	
955	Laceration from striking or stepping on an object-----	
956	Laceration from being struck by a falling object-----	
957	Laceration from fall-----	
958	Laceration in other accident-----	
959	Nonaccidental laceration-----	
96	<i>Abrasions, contusion, or other superficial injury:</i>	
960	Superficial injury in motor-vehicle accident-----	
961	Superficial injury in other transportation accident-----	
962	Superficial injury in machinery accident-----	
963	Superficial injury in sports or recreation-----	
964	Superficial injury by handling objects or hand tools-----	
965	Superficial injury from striking or stepping on an object-----	
966	Superficial injury from being struck by a falling object-----	
967	Superficial injury from fall-----	

<sup>1</sup> For the categories for certain types of injuries (90-97 in terms of the summary 2-digit morbidity code), the equivalent International List numbers are:

Third digit=0=Part of I. L. 170

Third digit=1=Parts of I. L. 169, 171-173

Third digit=2=Parts of I. L. 174, 175a, 175d, 178

Third digit=3-6=Part of I. L. 195 (for summary 2-digit morbidity code 95, third digit codes 3-6 would be equivalent to 185 in many instances)

Third digit=7=I. L. 186a

Third digit=8=Parts of other I. L. numbers 169-195

Third digit=9=Parts of I. L. 164-168, 196-198

**LIST OF DIAGNOSIS CATEGORIES FOR MORBIDITY TABULATIONS—Con.****XVII. Injuries and Poisonings—Continued**

<i>Code Number</i>	<i>Abrasion, contusion, or other superficial injury—Continued.</i>	<i>International List Number, 1938 revision</i>
968	Superficial injury in other accident-----	
969	Nonaccidental superficial injury-----	
97	<i>Other injury:</i>	
970	Other injury in motor-vehicle accident-----	pt. 169-
971	Other injury in other transportation accident-----	176
972	Other injury in machinery accident-----	pt. 185-
973	Other injury in sports or recreation-----	188
974	Other injury by handling objects or hand tools-----	pt. 195-
975	Other injury from striking or stepping on an object-----	
976	Other injury from being struck by a falling object-----	198
977	Other injury from fall-----	
978	Other injury in other accident-----	
979	Nonaccidental other injury-----	

**XIX. Other Enumerated Conditions, Without Sickness**

<i>99</i>	<i>Other enumerated conditions, without sickness:</i>	
990	Medical examination, negative findings-----	
991	Post-operative check up, negative findings-----	
992	Infectious disease carrier without sickness-----	
993	Prophylactic inoculation without sickness-----	None

**THE DISTRIBUTION OF SELENIUM IN PLASMA AND LIVER PROTEINS AND ITS FRACTIONATION IN TRYPTIC LIVER DIGESTS<sup>1</sup>**

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Previous work from this laboratory has shown that continual ingestion of selenium occurring naturally in certain cereals results in considerable storage of selenium in the tissues of the body, apparently for the most part in combination with the tissue proteins (1). The chemical nature of the selenium in such combination is not known. Under suitable conditions considerable amounts of selenium can be split off from tissue proteins with bromine in hydrobromic acid at room temperature (1). In like manner, selenium is removable almost quantitatively from grain proteins with either bromine in hydrobromic acid or hydrogen peroxide (2). This, however, gives little clue as to its chemical nature for it appears probable that with these procedures the selenium separates out as a degradation inorganic product.

More recently it has been observed in this laboratory that the toxicity of naturally occurring food selenium is related in an interesting

<sup>1</sup> From the Division of Pharmacology, National Institute of Health.

manner to the dietary proteins (3). It has been found that within certain limits the toxicity of food selenium is correlated not so much with the level of intake as with the protein-selenium ratio of the diet. A given level of intake which is highly toxic when fed as part of a low-protein diet may have scarcely any demonstrable effect when fed in a suitably constituted high-protein diet. This, with the accumulating evidence that the relationship applies to ingested inorganic selenium (unpublished data and (4, 5, 6)) as well, raises many questions. The mechanism of the protective influence is not completely understood at present, and it seemed probable that further knowledge of the metabolism of selenium in the body tissues might give information of value in solving this problem.

These considerations led us to undertake experiments in order to ascertain more definitely the manner of distribution of selenium in, and association with, the known tissue proteins. Experiments are also described which were designed to release the selenium compound or compounds from the proteins, with attempts to characterize the material so obtained insofar as it might be related in its properties to some of the amino acids.

#### EXPERIMENTAL

All the selenium-bearing tissues used in this work were obtained, with one exception (rats D37, table 6), from rabbits which had been fed for several months on selenized oats or selenized wheat as previously described (7). The animals were bled from the carotid artery under ether anesthesia as completely as possible and the oxalated plasma was separated by centrifugation. The livers were removed at once, in a few instances after brief perfusion with normal saline, weighed, ground in a mortar, and extracted with 5 percent solution of  $MgSO_4$ , or digested in a suitable medium as described below. In two experiments (68 and 110, table 3) the livers were frozen with liquid air immediately upon removal.

The digestion experiments were carried out for 20 to 24 hours at  $38^\circ C.$  with the finely divided liver, usually weighing 50–60 gm., suspended in about 200 cc. of water containing 1 gm. of trypsin in solution made slightly alkaline with  $Na_2CO_3$  to pH 7.4–8.0. One or 2 cc. of toluene were used as a preservative. In the few instances in which peptic digestion was tried, a similar procedure was used, with 1 gm. of pepsin in dilute HCl adjusted to pH 2.0–2.4. At the end of the digestion period acetic acid (or sodium acetate) was added to pH 4.0 and sufficient trichloracetic acid to make a 10 percent solution. The protein-free solution was then separated from the undigested residue by filtration and washing. The selenium content of the various fractions was determined by the method previously described (8).

## SELENIUM IN THE PLASMA PROTEINS

The plasma proteins were separated by Howe's method into fibrinogen, euglobulin, pseudoglobulin I, pseudoglobulin II, and albumin (9). The selenium in the filtrate from the last fraction was considered as nonprotein. The results of four such experiments are shown in table 1. If we consider the three globulin fractions, euglobulin and pseudoglobulin I and II, under one head as combined globulins it appears that the plasma selenium distributes itself more or less evenly among the three major proteins, fibrinogen, combined globulins, and albumin. The nonprotein selenium, in agreement with previous experiments (1), is slight. On the assumption that the fibrinogen nitrogen in the plasma has a normal value and is but a small fraction of the other nitrogenous constituents, it would appear that selenium has a greater though not an exclusive predilective affinity for this protein.

TABLE 1.—*Distribution of selenium in plasma proteins, fractionated by P. E. Howe's method*

Number of experiment	65	85	110	68
Total blood selenium, micrograms percent.....	260	320	250	.....
Selenium in erythrocytes, percent of total.....	60	47	42	.....
Plasma selenium, percent of total.....	40	53	58	.....
Percent of total plasma selenium in:				
Fibrinogen.....	29	42	42	31
Combined globulins.....	32	26	24	33
Euglobulin.....	18	11	.....	.....
Pseudoglobulin I.....	7	6	.....	.....
Pseudoglobulin II.....	7	9	.....	.....
Albumin.....	32	26	26	31
Nonprotein.....	7	6	8	trace

## SELENIUM IN THE LIVER PROTEINS

The ground livers were extracted three times by stirring for 1 hour at 5° C. with successive portions of 6, 2, and 2 cc. of 5 percent MgSO<sub>4</sub> solution per gram of liver and were separated by centrifugation. The selenium content of the insoluble residue and an aliquot of the "extract" was determined. The bulk of the extract was then fractionated in one series of experiments by the method of Halliburton (10), and in another by the method of Luck (11). The extractable selenium in the whole series of eight experiments, summarized in tables 2 and 3, varied from about 45 to nearly 90 percent of the total selenium in the liver. The nonprotein selenium fraction in this series, as in preceding experiments on the plasma, was relatively low. By far the greater part of the selenium in the extractable proteins was found in the  $\alpha$  globulin and nucleo-albumin fractions of Halliburton and in the combined globulin II and euglobulin fractions of Luck. The albumin fractions by either method contained relatively little selenium. Though it is not possible definitely to correlate the protein

fractions as obtained by the two methods, we may assume that the  $\alpha$  globulin and nucleo-albumin fractions of Halliburton represent nearly the equivalent of Luck's three globulins. On this basis we have shown in table 4 the selenium distribution in the liver proteins as determined by the two methods. About three-fourths of the total extractable selenium is thus found in the combined globulins and the remaining one-fourth is divided between the albumin and the "undetermined" fractions, the latter consisting of a small fraction removable by trichloracetic acid and the nonprotein fraction. It seems probable that in the Halliburton method all of the albumin selenium does not separate out at 72° C. and some of it goes over into the trichloracetic acid fraction.

TABLE 2.—*Distribution of selenium in liver proteins, fractionation by the method of W. D. Halliburton*

Number of experiment	39	60	65
Total liver selenium, micrograms	290	355	600
Selenium in insoluble residue, percent of total	31	54	43
Selenium in soluble fraction, percent of total	69	46	57
Percent of total soluble selenium in:			
$\alpha$ Globulin (47° C.)	50	28	36
Nucleo albumin (57° C.)	30	34	39
Albumin- $\beta$ globulin (72° C.)	5	7	8
Undetermined	15		
Trichloracetic acid precipitate		14	8
Nonprotein		17	9

TABLE 3.—*Distribution of selenium in liver proteins, fractionation by the method of J. M. Luck*

Number of experiment	41	78	79	68 <sup>1</sup>	110 <sup>1</sup>
Total liver selenium, micrograms	750	740	545	575	805
Selenium in insoluble residue, percent of total	40	43	17	12	29
Selenium in soluble fraction, percent of total	60	57	83	88	71
Percent of total soluble selenium in—					
Globulin II	48	51	58	14	40
Euglobulin	16	20	19	45	37
Pseudoglobulin	4	5	3	12	4
Albumin	14	12	16	25	17
Undetermined	18		4		
Trichloracetic acid precipitate		4		0	0
Nonprotein		8		4	2

<sup>1</sup> Liver frozen with liquid air.

TABLE 4.—*Selenium distribution in liver proteins as between globulins, albumin, and the undetermined fraction*

	Combined globulins	Albumin	Undeter- mined
Method of Halliburton:			
Exp. 39	80	5	15
Exp. 60	62	7	31
Exp. 65	75	8	17
Method of Luck:			
Exp. 41	68	14	18
Exp. 78	76	12	12
Exp. 79	80	16	4
Exp. 68	71	25	4
Exp. 110	81	17	2

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In his fractionation experiments on rat livers Luck (11) found an average of 5.0 gm. globulin II, 4.6 gm. euglobulin, 1.1 gm. pseudoglobulin, and 0.9 gm. albumin per 100 gm. of liver. Assuming that the protein distribution of his animals parallels these, it would appear that the selenium distribution in the liver proteins generally parallels that of the nitrogen. An exception to this appears to be in the insoluble residue which in our experiments contained as much as 43 percent of the total liver selenium, while in Luck's experiments it contained less than 10 percent of the total liver protein.

#### SELENIUM FREED FROM PROTEIN COMBINATION BY TRYPTIC DIGESTION

Digestion of selenized livers with trypsin at pH 7.2 to 8.0 for about 20 hours at 38° C. sets free about 80 percent of the selenium from its protein combination. On the average about 20 percent of the liver selenium remains with the undigested residue, and this cannot be released by further digestion. Various procedures of adsorption and precipitation were tried in an attempt to remove the selenium from the protein-free filtrate of the liver digests with only partial or no success. These experiments are summarized in table 5.<sup>2</sup> Precipitation of the digests with phosphotungstic acid or silver nitrate failed to remove any selenium. Procedures 8, 9, and 10 which effected some separation of selenium are probably sufficiently drastic to cause degradation of the organic compound or compounds to inorganic selenium.

TABLE 5.—*The liberation of selenium from selenized livers by tryptic digestion and attempts to remove it from the protein-free filtrate*

Procedures tried for removal of selenium from protein-free filtrate	Percent of total selenium removed
Average percent of total liver selenium in protein residue after tryptic digestion, 13 experiments (Max. 36; min. 12; std. dev. = 7.9)	22
Average percent of total liver selenium in protein-free filtrate	78
Adsorption on Norite or fuller's earth from acid or neutral solutions	trace
Precipitation with digitonin	0
Precipitation with tannic acid	0
Precipitation with uranium acetate	0
Precipitation with picric or picrolonic acid	0
Precipitation with phosphotungstic acid in HCl	0
Precipitation with AgNO <sub>3</sub> , pH 4.0 to 8.0	trace
Precipitation with cuprous oxide and H <sub>2</sub> SO <sub>4</sub> :	
Without reduction	trace
With reduction	55
Precipitation with mercuric acetate (all is removed when sodium selenite, selenate or diselenodiacetic acid is added to control protein-free filtrate)	50
Electrolysis in acid solution (80 percent is removed when sodium selenite, selenocystine, or diselenodiacetic acid is added to control protein-free filtrate)	40

Having failed to remove the selenium from the protein-free digests by methods commonly used for the separation of certain amino acids,

<sup>2</sup> Butyl alcohol continuous extraction which is often used to remove monoamino monocarboxylic acids from protein hydrolysates (12, 13) removes considerable selenium. This is being investigated further.

a more or less empirical procedure of fractionation was adopted. For comparison the behavior of sodium selenite, sodium selenate, and two organic selenium compounds, diselenodiacetic acid and seleno-cystine (14)<sup>3</sup> was studied by adding them to normal livers which were subjected to tryptic digestion in the usual manner and subsequent fractionation. The fractionation procedure was, briefly, as follows: The trichloracetic acid filtrate was treated with lead acetate to remove polypeptides and other products of partial digestion; the lead after filtration was removed with Na<sub>2</sub>SO<sub>4</sub>, and the sulfate with a slight excess of BaCl<sub>2</sub>. The clear filtrate (pH about 2.0) was distilled *in vacuo* to about 1/10 volume and treated with ethyl alcohol to make 90 percent by volume. The precipitate was filtered off and NaOH added to the filtrate to pH 7.0. A second precipitate formed which was filtered off. The filtrate was distilled *in vacuo* to remove the alcohol and the small aqueous residue plus 0.5 cc. of 12 percent BaCl<sub>2</sub> treated with 10 volumes acetone. A gel-like precipitate formed on standing in the cold room, which was separated from the solution by filtration.

TABLE 6.—*Distribution of selenium in tryptic liver digests*

	Chronic selenosis					Added selenium as—			
	71	D37	93	94	106	Diseleno-diacetic acid	Seleno-cystine	Sodium selenate	Sodium selenite
Total liver selenium, micrograms.....	460	350	900	510	585	500	500	920	500
Percent of total selenium in liver residue.....	22	36	25	31	34	25	46	17	92
Percent of total selenium in protein-free filtrate.....	78	64	75	69	66	75	54	83	8
Percent of protein-free filtrate selenium in:									
Lead acetate precipitate.....	0	7	2	3	13	15	4	79	(25%)
Lead sulfate precipitate.....	0	5	3	trace	6	trace	7	4	0
Barium sulfate precipitate.....	trace	0	0	0	7	trace	3	3	0
Acid 90 percent alcohol precipitate.....	trace	trace	8	3	5	9	43	8	(15%)
Neutral 90 percent alcohol precipitate.....	62	43	7	31	13	45	2	5	0
Acetone precipitate.....	33	45	80	63	52	29	41	1	0
Acetone solution.....	5	trace	trace	trace	4	2	0	0	0

The results of these experiments are shown in table 6. In a series of five such experiments on selenized livers little selenium separated out in any of the fractions up to the precipitate obtained from neutral 90 percent alcohol. Indeed this, together with the selenium in the succeeding acetone precipitate, accounted for about 90 percent of the total liver selenium released from protein combination by tryptic digestion.<sup>4</sup> By contrast, nearly all the selenium of added sodium selenite remained with the undigested liver residue, and about 80

<sup>3</sup> A small amount of dl seleno-cystine was obtained through the courtesy of Dr. M. X. Sullivan of Georgetown University. The compound had been prepared in Dr. Fredga's laboratory.

<sup>4</sup> In two experiments similarly made on a peptic digest, the results were not significantly different, though some 15 percent of the selenium in the protein-free filtrate separated out in the acid alcohol fraction, and 31 to 36 percent of the total liver selenium remained with the undigested residue.

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percent of the selenium in the protein-free filtrate from added sodium selenate separated out in the lead acetate precipitate. The distribution of selenium from added selenocystine also appears significantly different from tissue digest selenium, while the distribution of selenium from added diselenodiacetic acid resembles the tissue selenium quite closely. On the basis of these observations it appears that tissue selenium behaves similarly to the dicarboxylic acid, though this does not necessarily prove their chemical similarity.

The greater stability of the tissue selenium compound compared with selenocystine<sup>5</sup> and its somewhat different distribution suggested the desirability of studying the distribution of cystine in tryptic liver digests when subjected to a similar procedure of fractionation. We were aware from the work of Jones (15) that much of the cystine in casein is destroyed by alkaline tryptic digestion. Nevertheless, it seemed of interest to determine the path of distribution of the cystine fraction escaping destruction. Accordingly, several experiments were made in which selenized livers were digested and the digests fractionated as outlined above, and the cystine content of the various fractions was determined by the method of Sullivan (16) as used by Rossouw and Wilken-Jorden (17).

The following are typical experiments. A selenized rabbit liver weighing 57 grams was digested with trypsin in the usual manner. Assuming equal distribution of cystine throughout the liver, analysis of a portion of the liver indicated that the portion digested plus the small amount of cystine in the trypsin contained 153 milligrams of cystine. Analysis of the several fractions revealed 9 milligrams of cystine in the undigested residue, 0.2 milligrams in the lead acetate precipitate, and 2.4 milligrams in the acid alcohol fraction. There was no cystine in any of the other fractions. It follows from this that only 8 percent of the total liver cystine escaped destruction, and nearly all of the cystine of the protein-free filtrate was found in the acid alcohol fraction, where it separated out probably as the barium salt.

In another experiment on a selenized liver subjected to peptic digestion and subsequent fractionation the several fractions gave the following values for cystine and selenium:

Fraction	Percent of total in protein-free filtrate	
	Cystine	Selenium
Lead acetate	13	10
Lead sulfate	trace	7
Barium sulfate	trace	7
Acid alcohol precipitate	87	15
Neutral alcohol precipitate	trace	15
Acetone precipitate	0	47
Acetone solution	0	trace

<sup>5</sup> This compound is considerably less stable than its sulfur analog. (Unpublished observations; see also Fredga (14).)

The cystine content in the protein-free filtrate in this case was about 14 percent of the estimated total liver cystine.

Tentatively taking the above-mentioned resemblance to diselenodiacetic acid as one bit of evidence, this appears to be additional evidence against the assumption that tissue selenium is chemically or physically closely associated with cystine. However, in view of the finding that so much of the cystine appears to be destroyed, this statement is made with due reservations.

The ninhydrin test applied to the various fractions in one experiment gave a positive reaction with the acid and neutral alcohol precipitates, and a doubtful or negative reaction with the acetone precipitate which, as shown in table 6, often contains most of the selenium.

Though our experiments give no conclusive proof, they suggest that the selenium compound (or compounds) released from the tissues by tryptic or peptic digestion is not necessarily related to cystine and it does not have the characteristics of the histone bases. Its distribution by the fractionation procedure described herein suggests that it might have the properties of a dicarboxylic acid after its release but it is not certain that it exists as such in the tissues. We have no data on the nature of the selenium remaining in the residue after digestion. In this connection Horn, Nelson, and Jones (18) found that the selenium in a sulfuric acid hydrolysate of selenized wheat protein was not associated with the dicarboxylic amino acids or histone bases but was in what might be termed the leucine fraction.

#### SUMMARY

The distribution of selenium in plasma and liver proteins of chronically poisoned animals has been studied. Selenium has been found to occur in all the proteins examined, though predominantly in the globulins.

Tryptic (and also peptic) digestion of the selenized liver releases about 80 percent of the selenium from its protein combination. The selenium compound (or compounds) is not removable by procedures commonly employed for the removal of the histone bases from protein hydrolysates.

A procedure adopted for the fractionation of the protein-free liver digest shows that the separation of the selenium compound (or compounds) does not parallel that of the cystine.

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## THE RELATIVE TOXICITY OF LEAD AND SOME OF ITS COMMON COMPOUNDS<sup>1</sup>

### A REVIEW

This investigation was undertaken because of the lack of definite information with regard to the comparative toxic properties of various lead compounds. A study was made of lead poisoning following the administration of lead compounds by mouth, by intraperitoneal injection, and by inhalation. The lead compounds studied in addition to metallic lead were the arsenate, carbonate, chromate, monoxide,

<sup>1</sup> Public Health Bulletin No. 253. The Relative Toxicity of Lead and Some of its Common Compounds. By Lawrence T. Fairhall and R. R. Sayers. With a section on pathology by J. W. Miller. Government Printing Office, Washington, 1940. Available from the Superintendent of Documents, Washington, D. C., at 25 cents per copy.

dioxide, tetroxide, phosphate, sulfate, silicate, and sulfide. Symptoms of lead poisoning were sought; body weight changes and mortality figures were collected; blood changes were studied; and the distribution of lead in the various tissues such as the liver, kidney, and bones was determined by analytical means in order to find the degree of lead absorption that had occurred. The lead content of the lungs of those animals exposed by inhalation was found and particle size of suspended lead fume or dust as well as the total lead content of the dusty air was determined for these groups.

Lead (and most of its compounds) was shown to be more toxic by inhalation than either by ingestion or intraperitoneal injection. Lead arsenate was shown to be particularly toxic on intraperitoneal injection. Lead carbonate, lead monoxide, and lead sulfate were shown to be more toxic by mouth and lead carbonate and lead monoxide were more toxic following inhalation than the remaining lead compounds. The pathological changes associated with this degree of lead absorption were studied in detail. It was found that splenic hemosiderosis is a fair pathological index of lead intoxication and that the amount of hemosiderosis in the spleen closely follows the relative toxicity described above. Greater pathological differences were noted between the various lead compounds on intraperitoneal injection than were noted by ingestion and inhalation. The behavior of the lead compounds in the peritoneal tissue indicates that the compounds are but slowly absorbed and that during the process the nodules have the appearance of those produced by the inert group of mineral dusts.

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#### COURT DECISION ON PUBLIC HEALTH

*Provisions of city ordinance, fixing hours for operation of barber shops and granting power to city health director relative thereto, held invalid.—(Pennsylvania Superior Court; Kellerman et al. v. City of Philadelphia et al., 13 A.2d 84; decided April 18, 1940.)* A section of an ordinance of the city of Philadelphia regulating barbing fixed the hours during which barber shops could remain open for business. There was a proviso that "the director of public health, upon application of the proprietor of any barber shop and proof that barber service to the public so requires, may issue a permit for the operation of a particular barber shop at such hours beyond those above prescribed as in the opinion of the \* \* \* director \* \* \* public necessity may require." In a suit to enjoin the enforcement of those provisions restricting the hours of business the superior court held that the above-mentioned proviso contained an unlawful delegation of legislative power. The court observed that the standard erected for the guidance of the director in the exercise of his discretion to suspend the provisions of

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the ordinance was "public necessity" as "in the opinion" of that officer it may appear. This, it was the court's view, was not a sufficient standard to guide properly his determinations. "He is entrusted," said the court, "with purely discretionary powers. The term 'public necessity' has no other meaning than that which may be attributed to it by him in his 'unfettered and uncontrolled' judgment upon each application." Further, the court was of the opinion that the entire section was invalid, it being pointed out that the right of the city to pass an ordinance fixing the days and hours during which barber shops could be open was granted by an act of the legislature on the express condition that the proviso in question should be contained in the ordinance.

### DEATHS DURING WEEK ENDED AUGUST 17, 1940

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Aug. 17, 1940	Correspond- ing week, 1939
Data from 88 large cities of the United States:		
Total deaths.....	6,948	7,239
Average for 3 prior years.....	7,426	
Total deaths, first 33 weeks of year.....	285,680	280,216
Deaths under 1 year of age.....	450	478
Average for 3 prior years.....	521	
Deaths under 1 year of age, first 33 weeks of year.....	16,621	16,753
Data from industrial insurance companies:		
Policies in force.....	64,932,518	66,825,741
Number of death claims.....	12,001	10,794
Death claims per 1,000 policies in force, annual rate.....	9.7	8.4
Death claims per 1,000 policies, first 33 weeks of year, annual rate.....	10.0	10.5

## PREVALENCE OF DISEASE

*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring*

### UNITED STATES

#### REPORTS FROM STATES FOR WEEK ENDED AUGUST 24, 1940

##### Summary

Of the 9 communicable diseases reported in the following weekly table, the incidence of only 3—influenza, measles, and poliomyelitis—was above the 5-year (1935-39) median expectancy.

A total of 623 cases of poliomyelitis was reported, as compared with 389 for the preceding week and with a 5-year median of 391. This represents an increase of 60 percent during the current week, as compared with a 41 percent increase for each of the preceding 2 weeks. All geographic areas except the New England, East South Central, and the Pacific States shared in this increased incidence.

The largest numbers of cases and the largest numerical increases occurred in the States of the two North Central areas. These States, with approximately 30 percent of the total population, reported 418 cases, or 67 percent of the total number of cases reported for the current week. The individual States in these areas reporting the largest numbers of cases (with last week's figures in parentheses) are as follows: Michigan 98 (41), Indiana 79 (58), Iowa 73 (25), Ohio 46 (36), Kansas 42 (30), and Illinois 21 (7). In the South Atlantic States, West Virginia reported 46 cases as compared with 31 last week.

The incidence of poliomyelitis remained below the 5-year median from the week of June 15 to the week of August 3. For the 3 weeks ended August 10, 17, and 24, respectively, it has been above the median expectancy.

In 5 of the past 10 years the peak week of poliomyelitis in the United States has come in September. The earliest was the third week of June (1934), and the latest was the first week of October (1930 and 1936). In both 1935 and 1938 the largest numbers of cases were reported for the fourth week of August.

For the current week the Bureau of the Census reports 7,063 deaths in 88 major cities of the United States, as compared with 6,948 for the preceding week and with a 3-year (1937-39) average of 7,064 for the corresponding week.

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*Telegraphic morbidity reports from State health officers for the week ended August 24, 1940, and comparison with corresponding week of 1939 and 5-year median*

In these tables a zero indicates a definite report, while leaders imply that, although none were reported, cases may have occurred.

Division and State	Diphtheria			Influenza			Measles			Meningitis, meningococcus		
	Week ended		Median, 1935- 39	Week ended		Median, 1935- 39	Week ended		Median, 1935- 39	Week ended		Median, 1935- 39
	Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939	
<b>NEW ENG.</b>												
Maine	1	0	0					2	6	7	0	0
New Hampshire	0	0	0					0	0	0	0	0
Vermont	0	0	0					1	16	7	0	0
Massachusetts	1	4	2					70	33	33	2	0
Rhode Island	0	0	0					10	11	4	0	0
Connecticut	0	0	0					4	9	9	0	0
<b>MID. ATL.</b>												
New York	7	8	10	14	12	12	138	64	93	2	2	3
New Jersey <sup>1</sup>	5	0	6	2	6	6	60	10	32	0	1	1
Pennsylvania	2	13	18				107	28	39	1	4	2
<b>E. NO. CEN.</b>												
Ohio	12	8	11	8	2	2	15	14	17	2	1	1
Indiana <sup>1</sup>	0	5	9		3	5	2	3	4	0	0	0
Illinois <sup>1</sup>	8	15	15		4	4	35	12	32	2	1	3
Michigan <sup>1</sup>	5	13	6	6	1	1	83	0	24	1	0	0
Wisconsin	0	4	1	11	29	20	82	24	24	1	0	1
<b>W. NO. CEN.</b>												
Minnesota	0	3	1	5	1	1	2	23	2	0	0	0
Iowa <sup>2</sup>	5	2	2	3			7	8	3	2	0	1
Missouri <sup>1</sup>	9	9	6	1	1	8	3	1	2	2	0	1
North Dakota	8	2	2				0	1	1	1	0	0
South Dakota	0	4	0				0	1	0	0	0	0
Nebraska	0	2	2				1	1	3	1	0	0
Kansas	6	3	3	2	1	1	9	11	6	1	1	1
<b>SO. ATL.</b>												
Delaware	0	0	0				0	2	1	0	0	0
Maryland <sup>2</sup>	8	0	3	3			3	3	10	0	1	1
Dist. of Col.	1	2	2	1			2	2	2	0	0	0
Virginia <sup>1</sup>	2	18	21	83	21		27	5	15	0	0	1
West Virginia <sup>1</sup>	1	3	10	13	8	10	1	1	4	1	0	1
North Carolina <sup>1</sup>	9	31	31				4	5	5	0	1	1
South Carolina <sup>4</sup>	8	9	9	129	143	80	16	4	4	0	1	0
Georgia <sup>2</sup>	10	40	22	1	1		0	2	0	0	0	0
Florida <sup>4</sup>	3	3	3	1	3	1	2	2	4	0	0	0
<b>E. SO. CEN.</b>												
Kentucky	7	17	15		3	3	15	2	4	0	0	0
Tennessee <sup>4</sup>	2	6	14	6	18	12	23	7	7	1	0	1
Alabama <sup>4</sup>	10	17	17	1	6	5	26	17	5	2	1	1
Mississippi <sup>1</sup>	3	19	16				0	0	0	0	0	0
<b>W. SO. CEN.</b>												
Arkansas	3	8	11	1	15	5	10	5	4	0	0	0
Louisiana <sup>4</sup>	10	5	10	2	7	7	2	1	2	3	0	1
Oklahoma	2	7	8	20	10	10	3	3	4	0	2	0
Texas <sup>4</sup>	11	23	25	61	36	36	24	16	15	1	1	1
<b>MOUNTAIN</b>												
Montana	2	1	1		9		5	6	4	0	1	0
Idaho	0	0	0		1		0	1	2	0	0	0
Wyoming	0	0	0				3	3	1	0	0	0
Colorado	7	10	7	2	2		5	3	3	0	1	1
New Mexico	2	1	2	1			1	0	5	0	1	1
Arizona	1	6	2	12	15	11	12	3	3	0	0	0
Utah <sup>1</sup>	1	0	1		3		9	6	6	0	1	0
<b>PACIFIC</b>												
Washington	0	1	2				9	26	17	0	0	0
Oregon	1	3	1	4	1	3	15	9	7	2	0	0
California	8	17	19	4	8	11	31	49	49	0	0	2
Total	181	342	342	384	356	286	879	459	733	28	21	51
34 weeks	9,046	12,310	14,940	169,606	152,006	141,878	229,371	348,906	348,906	1,145	1,408	4,221

See footnotes at end of table.

247319—20—3

*Telegraphic morbidity reports from State health officers for the week ended August 24, 1940, and comparison with corresponding week of 1939 and 5-year median—Continued*

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and para-typhoid fever		
	Week ended		Median, 1935- 39	Week ended		Median, 1935- 39	Week ended		Median, 1935- 39	Week ended		Median, 1935- 39
	Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939	
NEW ENGLAND												
Maine.....	0	0	0	1	2	2	0	0	0	0	1	2
New Hampshire.....	0	0	0	0	0	0	0	0	0	1	0	0
Vermont.....	0	0	1	1	3	1	0	0	0	1	0	0
Massachusetts.....	4	2	4	21	12	25	0	0	0	1	4	3
Rhode Island.....	1	0	1	0	0	2	0	0	0	1	2	1
Connecticut.....	0	0	1	2	5	6	0	0	0	3	4	2
MID. ATL.												
New York.....	14	60	60	57	54	67	0	0	0	18	14	22
New Jersey <sup>2</sup> .....	4	20	8	18	15	17	0	0	0	8	7	9
Pennsylvania.....	7	10	10	31	30	78	0	0	0	15	12	25
E. NO. CEN.												
Ohio.....	46	2	4	48	43	48	0	3	0	18	15	17
Indiana <sup>2</sup> .....	79	0	1	17	21	21	1	0	1	1	5	8
Illinois <sup>2</sup> .....	21	14	14	43	51	52	0	8	1	12	23	28
Michigan <sup>2</sup> .....	98	115	31	30	37	40	1	0	0	4	7	13
Wisconsin.....	12	6	8	38	39	39	2	3	0	0	9	2
W. NO. CEN.												
Minnesota.....	8	38	3	14	16	16	2	0	0	0	4	3
Iowa <sup>1</sup> .....	73	1	1	14	10	16	1	3	2	8	28	
Missouri <sup>2</sup> .....	18	2	2	14	15	21	0	0	0	20	26	23
North Dakota.....	2	2	0	0	4	9	1	2	1	0	5	1
South Dakota.....	4	3	2	1	8	7	0	2	0	0	3	1
Nebraska.....	15	0	1	3	5	3	0	0	0	1	1	1
Kansas.....	42	1	0	20	19	18	0	2	0	5	6	8
SO. ATL.												
Delaware.....	0	0	0	2	0	0	0	0	0	1	0	1
Maryland <sup>2</sup> .....	1	1	1	3	7	7	0	0	0	6	7	18
Dist. of Col. <sup>2</sup> .....	0	1	2	3	5	5	0	0	0	5	1	3
Virginia <sup>2</sup> .....	6	1	4	12	24	11	0	0	0	5	20	20
West Virginia <sup>2</sup> .....	46	0	0	20	24	24	0	0	0	6	6	16
North Carolina <sup>2</sup> .....	4	9	4	13	24	16	0	1	0	8	14	21
South Carolina <sup>4</sup> .....	0	16	1	5	5	2	2	0	0	24	7	14
Georgia <sup>2,4</sup> .....	0	4	2	6	8	10	0	1	0	19	23	23
Florida <sup>2,4</sup> .....	2	2	1	3	2	2	0	0	0	3	3	1
E. SO. CEN.												
Kentucky.....	18	1	4	13	27	20	0	0	0	15	30	49
Tennessee <sup>4</sup> .....	1	2	5	10	16	15	0	0	0	21	15	32
Alabama <sup>4</sup> .....	0	1	1	14	26	9	0	0	0	13	17	19
Mississippi <sup>3,4</sup> .....	5	1	1	5	4	5	0	0	0	11	15	8
W. SO. CEN.												
Arkansas.....	1	1	1	4	9	8	0	0	0	26	22	22
Louisiana <sup>4</sup> .....	10	1	2	2	10	2	0	0	0	25	29	23
Oklahoma.....	14	1	1	7	5	5	1	2	0	25	24	24
Texas <sup>4</sup> .....	14	10	4	14	25	23	0	0	0	59	28	50
MOUNTAIN												
Montana.....	15	0	1	2	6	6	0	0	2	0	1	2
Idaho.....	2	0	0	2	1	5	0	1	1	0	1	1
Wyoming.....	0	0	0	2	3	3	0	0	0	4	2	0
Colorado.....	2	3	0	5	7	8	2	1	1	3	1	5
New Mexico.....	2	3	0	2	3	2	0	0	0	4	1	4
Arizona.....	1	3	0	1	1	1	0	1	0	0	5	5
Utah <sup>2,3</sup> .....	4	2	1	5	14	12	0	0	0	1	6	2
PACIFIC												
Washington.....	13	1	2	14	6	10	0	0	4	0	4	4
Oregon.....	1	1	0	5	2	7	0	0	1	2	6	4
California.....	13	50	24	41	44	59	0	4	2	9	10	10
Total.....	623	391	391	588	697	804	13	34	34	412	479	584
34 weeks.....	2,682	2,539	2,539	119,475	117,179	165,702	1,971	8,691	8,046	5,405	7,584	8,725

See footnotes at end of table.

August 30, 1949

*Telegraphic morbidity reports from State health officers for the week ended August 24, 1940, and comparison with corresponding week of 1939 and 5-year median—Continued*

Division and State	Whooping cough		Division and State	Whooping cough		
	Week ended—			Week ended—		
	Aug. 24, 1940	Aug. 26, 1939		Aug. 24, 1940	Aug. 26, 1939	
<b>NEW ENG.</b>						
Maine	16	29	North Carolina <sup>1</sup>	82	114	
New Hampshire	0	0	South Carolina <sup>1</sup>	25	18	
Vermont	0	54	Georgia <sup>2,4</sup>	11	6	
Massachusetts	116	95	Florida <sup>4</sup>	1	6	
Rhode Island	7	24				
Connecticut	38	75				
<b>MID. ATL.</b>						
New York	247	359	Kentucky	66	40	
New Jersey <sup>1</sup>	112	109	Tennessee <sup>1</sup>	30	42	
Pennsylvania	400	232	Alabama <sup>1</sup>	55	45	
			Mississippi			
<b>E. NO. CEN.</b>						
Ohio	263	147	Arkansas	18	6	
Indiana <sup>1</sup>	11	50	Louisiana <sup>1</sup>	57	3	
Illinois <sup>1</sup>	156	205	Oklahoma	8	6	
Michigan <sup>1</sup>	215	181	Texas <sup>4</sup>	188	59	
Wisconsin	102	149				
<b>W. NO. CEN.</b>						
Minnesota	40	42	Montana	9	2	
Iowa <sup>1</sup>	22	13	Idaho	8	3	
Missouri <sup>1</sup>	42	30	Wyoming	0	0	
North Dakota	21	31	Colorado	13	10	
South Dakota	3	3	New Mexico	4	6	
Nebraska	3	4	Arizona	5	60	
Kansas	26	25	Utah <sup>2,3</sup>	26	50	
<b>SO. ATL.</b>						
Delaware	9	3	PACIFIC			
Maryland <sup>2,3</sup>	90	56	Washington	23	14	
Dist. of Col. <sup>2</sup>	6	35	Oregon	21	12	
Virginia <sup>1</sup>	59	57	California	258	90	
West Virginia <sup>3</sup>	62	7	Total	2,965	2,607	
				110,137	129,238	
34 weeks.						

<sup>1</sup> New York City only.

<sup>2</sup> Rocky Mountain spotted fever, week ended August 24, 1940, 20 cases as follows: New Jersey, 1; Indiana, 1; Illinois, 2; Iowa, 2; Missouri, 2; Maryland, 2; District of Columbia, 1; Virginia, 4; North Carolina, 3; Georgia, 1; Utah, 1.

<sup>3</sup> Period ended earlier than Saturday.

<sup>4</sup> Typhus fever, week ended August 24, 1940, 39 cases as follows: South Carolina, 2; Georgia, 8; Florida, 4; Tennessee, 1; Alabama, 8; Mississippi, 1; Louisiana, 4; Texas, 11.

#### PLAQUE INFECTION IN FLEAS FROM GROUND SQUIRRELS IN SAN BERNARDINO COUNTY, CALIF.

Under date of August 13, 1940, Dr. Harlan L. Wynne, of the Department of Public Health of California, reported plague infection proved in a pool of 129 fleas from 15 ground squirrels (*C. fisheri*) submitted to the laboratory on July 15 from Arrowhead Dump, 1 mile east of Lake Arrowhead, San Bernardino County, Calif.

## WEEKLY REPORTS FROM CITIES

City reports for week ended August 10, 1940

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table.

State and city	Diph- theria cases	Influenza		Meas- sles cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
<b>Data for 90 cities:</b> 5-year average	82	26	11	342	266	246	3	347	73	1,334	-----
Current week <sup>1</sup>	33	22	9	631	229	178	1	299	60	1,123	-----
<b>Maine:</b>											
Portland	0	—	0	1	3	0	0	0	0	8	18
<b>New Hampshire:</b>											
Concord	0	—	0	0	0	0	0	0	0	0	18
Manchester	0	—	0	0	0	0	0	0	0	0	13
Nashua	0	—	0	0	0	0	0	0	0	0	6
<b>Vermont:</b>											
Barre	0	—	0	0	0	0	0	0	0	0	1
Burlington	0	—	0	0	0	0	0	0	0	0	8
Rutland	0	—	0	0	0	0	0	1	0	0	4
<b>Massachusetts:</b>											
Boston	1	—	0	27	5	6	0	7	1	38	102
Fall River	0	—	0	5	0	0	0	1	0	3	17
Springfield	0	—	0	2	1	1	0	0	0	0	35
Worcester	0	—	0	37	2	1	0	1	0	14	46
<b>Rhode Island:</b>											
Pawtucket	0	—	0	0	0	0	0	0	0	0	15
Providence	0	—	0	11	2	0	0	0	0	1	46
<b>Connecticut:</b>											
Bridgeport	0	—	0	0	1	0	0	1	0	2	29
Hartford	0	—	0	3	0	0	0	0	0	2	35
New Haven	0	—	0	1	0	1	0	0	2	5	33
<b>New York:</b>											
Buffalo	0	—	0	2	7	6	0	5	1	8	133
New York	7	1	0	100	45	22	0	65	6	122	1,123
Rochester	0	—	0	0	2	1	0	0	0	12	73
Syracuse	0	—	0	1	3	0	0	0	0	21	48
<b>New Jersey:</b>											
Camden	0	—	0	0	0	7	0	0	0	0	26
Newark	0	—	1	34	0	3	0	9	1	15	80
Trenton	0	—	0	2	4	0	0	0	2	0	36
<b>Pennsylvania:</b>											
Philadelphia	0	—	0	55	11	9	0	16	3	49	402
Pittsburgh	3	2	2	0	9	6	0	5	2	31	134
Reading	0	—	0	1	0	0	0	3	0	22	26
Scranton	0	—	0	0	0	0	0	0	0	0	—
<b>Ohio:</b>											
Cincinnati	0	—	0	0	2	1	0	1	0	14	127
Cleveland	0	3	1	2	4	5	0	4	1	62	150
Columbus	0	—	0	1	2	2	0	0	0	6	74
<b>Indiana:</b>											
Anderson	0	—	0	1	0	1	0	0	1	1	9
Fort Wayne	0	—	0	0	1	0	0	0	1	4	20
Indianapolis	1	—	1	1	4	2	0	1	3	10	71
Muncie	0	—	0	0	1	0	0	0	0	4	10
South Bend	0	—	0	0	1	0	0	0	1	0	13
Terre Haute	1	—	0	0	0	0	0	0	0	0	17
<b>Illinois:</b>											
Alton	0	—	0	0	0	0	0	0	1	1	7
Chicago	1	1	1	23	10	31	0	38	4	77	597
Elgin	0	—	0	0	0	0	0	0	0	3	6
Springfield	0	—	0	0	1	0	0	0	0	0	17
<b>Michigan:</b>											
Detroit	1	—	0	101	4	15	0	13	1	140	227
Flint	0	—	0	0	0	3	0	0	0	1	24
Grand Rapids	0	—	0	2	0	1	0	1	1	23	23
<b>Wisconsin:</b>											
Kenosha	0	—	0	0	0	0	0	0	0	0	7
Madison	0	—	0	0	0	1	0	0	0	4	14
Milwaukee	—	—	—	—	—	—	—	—	—	—	—
Racine	0	—	0	0	0	1	0	0	0	0	12
Superior	0	—	0	0	0	2	0	0	0	0	5
<b>Minnesota:</b>											
Duluth	0	—	0	1	0	2	1	0	0	3	22
Minneapolis	0	—	0	1	2	6	0	0	0	13	74
St. Paul	0	—	0	1	3	1	0	0	0	7	56

<sup>1</sup> Figures for Milwaukee estimated; report not received.

## City reports for week ended August 10, 1940—Continued

State and city	Diph- theria cases	Influenza		Meas- sles cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Iowa:											
Cedar Rapids	0			0		0	0		0	2	
Davenport	0			0	2	0			0	0	
Des Moines	0	0	0	0	0	0	0	0	0	0	24
Sioux City	0			0	1	0			0	0	
Waterloo	0		1	2	0			0	0		
Missouri:											
Kansas City	0	0	2	5	1	0	3	1	3	76	
St. Joseph	0	0	0	5	0	0	0	0	0	32	
St. Louis	0	0	0	12	4	0	7	5	28	189	
North Dakota:											
Fargo	0	0	0	1	0	0	0	0	1	8	
Grand Forks	0		0		0	0	0		0	0	
Minot	0	0	0	0	0	0	0	0	1	12	
South Dakota:											
Aberdeen	0		0		0	0	0	0	0	6	
Sioux Falls	0	0	0	0	0	0	0	0	0	0	6
Nebraska:											
Lincoln	1		1		0	0	0	0	1	1	
Omaha	0	0	0	2	0	0	0	1	1	1	45
Kansas:											
Lawrence	0	0	0	0	0	0	0	0	0	0	3
Topeka	0	0	3	1	0	0	0	1	0	1	18
Wichita	0	0	0	2	2	0	0	0	6	36	
Delaware:											
Wilmington	0	0	0	1	0	0	0	0	0	5	23
Maryland:											
Baltimore	0	1	0	1	4	2	0	10	1	97	194
Cumberland	0		0	0	1	0	0	0	0	0	9
Frederick	0		0	1	0	1	0	0	2	0	3
Dist. of Col.:											
Washington	1		0	1	4	1	0	10	2	13	103
Virginia:											
Lynchburg	1		0	0	0	1	0	0	0	2	6
Norfolk	0		0	1	1	1	0	0	0	2	13
Richmond	0		0	2	1	2	0	2	2	1	35
Roanoke	0	0	10	1	0	0	0	0	0	0	13
West Virginia:											
Charleston	1		0	0	0	0	0	2	1	3	24
Wheeling	1		0	0	0	0	0	0	0	7	11
North Carolina:											
Gastonia	0		0		0	0	0		0	1	
Raleigh	0	0	0	0	0	0	0	0	0	6	9
Wilmington	0	0	0	0	0	0	0	1	0	0	8
Winston-Salem	0	0	0	0	0	1	0	1	1	8	14
South Carolina:											
Charleston	1	0	1	1	0	0	0	0	0	0	14
Florence	0	5	0	0	1	0	0	0	0	0	14
Greenville	0		0	0	0	0	0	0	1	3	14
Georgia:											
Atlanta	0	1	0	0	2	0	0	10	0	2	76
Brunswick	0		0	0	0	0	0	0	0	0	3
Savannah	0		0	0	3	0	0	1	0	0	28
Florida:											
Miami	0		0	0	0	0	0	3	1	0	39
Tampa	0	1	0	1	0	0	0	0	0	0	21
Kentucky:											
Ashland	0		0	1	0	0	0	2	1	0	12
Covington	0		0	0	1	0	0	1	1	1	17
Lexington	0		0	16	1	1	0	2	0	0	13
Louisville	0	1	0	0	4	5	0	2	0	15	67
Tennessee:											
Knoxville	0	2	0	0	2	0	0	0	0	1	
Memphis	0		0	0	0	0	0	4	2	5	100
Nashville	0		0	3	4	0	0	1	0	7	53
Alabama:											
Birmingham	0		0	2	5	1	0	1	1	2	48
Mobile	1		0	0	1	0	0	2	1	0	31
Montgomery	0	1	0	0		1	0		0	0	
Arkansas:											
Fort Smith	0		0		0	0	0		0	0	
Little Rock	0	0	0	1	1	0	1	0	0	3	
Louisiana:											
Lake Charles	0		0	0	0	0	0	0	0	0	7
New Orleans	0	1	1	0	4	0	0	11	0	2	134
Shreveport	2		0	1	2	0	0	5	0	0	38
Oklahoma:											
Oklahoma City	0		0	0	4	0	0	0	0	2	44
Tulsa	0		0	0	1	1	0	0	0	5	27

## City reports for week ended August 10, 1940—Continued

State and city	Diph- theria cases	Influenza		Meas- sles cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Texas:											
Dallas	1	0	3	1	3	0	0	1	10	67	
Forth Worth	1	0	7	3	3	0	1	0	15	45	
Galveston	1	0	0	1	0	0	0	0	0	22	
Houston	1	0	1	7	1	0	5	1	11	82	
San Antonio	0	0	0	3	0	0	4	0	23	79	
Montana:											
Billings	0	0	0	2	0	0	0	0	0	8	
Great Falls	0	0	2	2	0	0	0	0	1	6	
Helena	0	0	0	0	0	0	0	0	0	3	
Missoula	0	0	0	0	0	0	0	0	0	3	
Idaho:											
Boise	0	0	0	0	0	0	0	0	1	4	
Colorado:											
Colo rado											
Springs	0	0	0	0	2	0	1	0	0	7	
Denver	5	0	1	1	2	0	4	0	6	70	
Pueblo	0	0	0	1	0	0	0	0	0	5	
New Mexico:											
Albuquerque	0	0	0	0	0	0	1	0	0	8	
Utah:											
Salt Lake City	0	0	3	1	2	0	1	0	27	49	
Washington:											
Seattle	0	1	1	4	0	0	3	0	23	81	
Spokane	0	0	1	2	0	0	0	0	0	32	
Tacoma	0	0	1	0	0	0	0	0	1	33	
Oregon:											
Portland	0	0	0	1	0	0	0	0	8	88	
Salem	0	0	0	0	0	0	0	0	1	-----	
California:											
Los Angeles	2	9	0	12	4	7	0	19	5	78	202
Sacramento	0	0	2	0	0	0	0	2	3	1	19
San Francisco	0	2	1	0	6	3	0	12	1	17	175

State and city	Meningitis, meningococcus		Polio- myel- itis cases	State and city	Meningitis, meningococcus		Polio- myel- itis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:				Maryland:			
Boston	0	0	1	Baltimore	0	0	1
Worcester	0	1	0	Virginia:			
New York:				Norfolk	0	0	3
Buffalo	2	1	0	Richmond	0	0	4
New York	1	1	4	Kentucky:			
Rochester	0	0	1	Ashland	0	0	3
Ohio:				Louisville	0	0	1
Cleveland	1	0	1	Louisiana:			
Columbus	0	0	1	New Orleans	0	0	1
Indiana:				Shreveport	0	0	1
Indianapolis	0	0	1	Texas:			
South Bend	0	0	1	Fort Worth	0	0	3
Illinois:				Montana:			
Chicago	1	0	2	Billings	0	0	1
Michigan:				Helena	0	0	1
Detroit	0	0	2	Colorado:			
Grand Rapids	0	0	1	Pueblo	0	0	1
Wisconsin:				New Mexico:			
Madison	0	0	3	Albuquerque	0	0	1
Iowa:				Washington:			
Des Moines	0	0	1	Seattle	0	0	2
Sioux City	0	0	2	Tacoma	0	0	2
Waterloo	0	0	4	Oregon:			
Kansas:				Portland	0	0	1
Kansas City	0	0	4	California:			
Wichita	0	0	5	Los Angeles	0	0	3
				San Francisco	0	0	1

*Encephalitis, epidemic or lethargic.*—Cases: New York, 2; Philadelphia, 1; Cleveland, 1; St. Louis, 1; Minot, 1; Washington, D. C., 1; Oklahoma City, 2.

*Pellagra.*—Cases: Philadelphia, 1; Charleston, S. C., 1; Atlanta, 1; Savannah, 1; New Orleans, 1; Los Angeles, 3.

*Kabies in man.*—Deaths: Greenville, 1.

*Typhus fever.*—Cases: New York, 2; Atlanta, 1; Savannah, 3; Miami, 7 (including delayed report of 3 cases); Mobile, 2; Montgomery, 1; Houston, 1; Los Angeles, 2.

## FOREIGN REPORTS

### CANADA

*Provinces—Communicable diseases—Week ended July 20, 1940.*—During the week ended July 20, 1940, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis					1					1
Chickenpox		5	5	43	156	26	14	12	20	281
Diphtheria		2		13		3	6			24
Dysentery				18	1					21
Influenza					3					16
Mumps		1	1	43	86	43	203	4	31	412
Pneumonia					24	1			4	29
Poliomyelitis								1		1
Scarlet fever		1	2	50	37	3		5	2	100
Tuberculosis	5	8	4	107	43	52	2	1		222
Typhoid and paratyphoid fever		1		8	6	1		1		17
Whooping cough		3		215	88	28	38	8	8	388

### DENMARK

*Notifiable diseases—January–March 1940.*—During the months of January, February, and March, 1940, cases of certain notifiable diseases were reported in Denmark as follows:

Disease	January	February	March	Disease	January	February	March
Cerebrospinal meningitis	4	6	6	Measles	2,189	2,341	2,426
Chickenpox	1,374	1,120	767	Mumps	206	313	158
Diphtheria	123	77	83	Paratyphoid fever		5	23
Dysentery	17	19	16	Poliomyelitis	2		
Epidemic encephalitis	3	3		Puerperal fever	14	24	32
Erysipelas	371	271	261	Scarlet fever	844	784	676
Gastroenteritis, infectious	1,639	1,735	2,154	Syphilis	41	50	41
German measles	331	623	1,135	Tetanus, neonatorum	6	9	4
Gonorrhea	691	541	543	Typhoid fever	1		
Influenza	15,215	53,716	46,656	Undulant fever	47	44	43
Malaria	1			Weil's disease	2	1	1
				Whooping cough	2,649	1,943	1,627

## WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Health, Pan American Sanitary Bureau, health section of the League of Nations and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

### CHOLERA

[C indicates cases; D, deaths]

NOTE.—Since many of the figures in the following tables are from weekly reports, the accumulated totals are for approximate dates.

Place		January-May 1940	June 1940	July 1940—week ended—			
				6	13	20	27
<b>AFRICA</b>							
Union of South Africa:							
Johannesburg	C			5			
<b>ASIA</b>							
China: Shanghai	C		15	7	8	20	43
India	C	22,493					
Bassein	C	142	22				
Calcutta	C	1,115	411	39	30	45	33
Cawnpore	C	11	5			3	
Chittagong	C	4					
Madras	C	1					
Moulmein	C		16				
Porto Novo	C	1					
Rangoon	C	36	11	1	3		2
Visakapatam	C			6	7		3
India (French)	C	34					
Indochina (French)	C	436					
Thailand	C	235					

<sup>1</sup> Includes 2 imported cases.

<sup>2</sup> Imported.

### PLAQUE

[C indicates cases; D, deaths]

				July 1940—week ended—			
				6	13	20	27
<b>AFRICA</b>							
Belgian Congo	C	12	1				
British East Africa:							
Kenya	C	7					
Uganda	C	94					
Egypt	C	1,406	2				1
Madagascar	C	472					
Morocco:							
Rhodesia, Northern	C	1					
Senegal:							
Dakar	D	31					
Thies	C	1					
Union of South Africa	C	25					
<b>ASIA</b>							
China, <sup>4</sup>							
Dutch East Indies: Java and Madura	C	209					
India	C	12,457					
Bassein	C	17	1				
Cochin	C	1					
Plague-infected rats	C	3					
Rangoon	C	4	1				
Indochina (French)	C	3					
Thailand:							
Bangkok	C	8					
B'snulok Province	C	3					
Dhonpuri Province	C	1					
Jayanad Province	C	3					
Kamphaeng Bajr Province	C	29					

<sup>1</sup> Includes 5 cases of pneumonic plague.

<sup>2</sup> A report dated May 11, 1940, stated that there was an epidemic of bubonic plague in southern Morocco, where several hundred cases had been unofficially reported.

<sup>3</sup> Imported.

<sup>4</sup> Information dated July 7 states that up to July 6, 17 cases of plague had been reported near Tungliao, Hsingan Province, China; and a report dated July 13 states that an outbreak of bubonic plague occurred along the Yunnan-Burma border in the districts of Loitwing, Chefang, Juili, and Muchieh.

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**WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPUS  
FEVER, AND YELLOW FEVER—Continued**
**PLAQUE—Continued**

Place	January-May 1940	June 1940	July 1940—week ended—			
			6	13	20	27
<b>ASIA—continued</b>						
Thailand—Continued.						
Kanchanapuri Province	C	12				
Koan Kaen Province	C	5				
Nagara Svarga Province	C	30				
Noangkhay Province	C	4				
Sukhodaya Province	C	22				
<b>EUROPE</b>						
Portugal: Azores Islands	C	2				
<b>NORTH AMERICA</b>						
United States. (See p. 1589; and also issues of Aug. 2, p. 1412, and Aug. 9, pp. 1466-1467.)						
<b>SOUTH AMERICA</b>						
Argentina:						
Cordoba Province	C	3	18			
Jujuy Province	C	1				
Salta Province	C	2				
Santiago del Estero Province	C	14	10			
Tucuman Province	C	4				
Brazil:						
Alagoas State	E	5				
Pernambuco State	C	1				
Peru:						
Cajamarca Department	C	20				
Lambayeque Department	C	10				
Libertad Department	C	44				
Lima Department	C	31				
Piura Department	C	6				
Tumbes Department	C	10				
<b>OCEANIA</b>						
Hawaii Territory: Plague-infected rats		13	6	2	3	5

<sup>1</sup> Includes 11 cases of pneumonic plague.

**SMALLPOX**

[C indicates cases; D, deaths]

AFRICA							
Algeria	C	5					
Angola	C	35					
Belgian Congo	C	1,709					
British East Africa	C	12					
Dahomey	C	17					
French Guinea	C	13					
Gibraltar	C	1					
Ivory Coast	C	113					
Nigeria	C	1,668	145				
Niger Territory	C	594					
Nyasaland	C	46					
Portuguese East Africa	C	1					
Rhodesia, Southern	C	183					
Senegal	C	131					
Sierra Leone	C	10					
Sudan (Anglo-Egyptian)	C	383	27		6	8	17
Sudan (French)	C	1					
Union of South Africa	C	82	3				
ASIA							
Arabia	C	255					
China	C	664	110	5	5	3	1
Chosen	C	533					
Dutch East Indies—Sabang	C	4					
India	C	108,319		550	440	976	257
India (French)	C	5					

<sup>1</sup> Imported.

**WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued**
**SMALLPOX—Continued**

[C indicates cases; D, deaths]

Place	January-May 1940	June 1940	July 1940—week ended—			
			6	13	20	27
<b>ASIA—continued</b>						
India (Portuguese)	C 24					
Indochina (French)	C 843					
Iran	C 151					
Iraq	C 135	28	3			2
Japan	C 527					
Straits Settlements	C 1					
Sumatra	C 1					
Thailand	C 12	2	18	11	27	
<b>EUROPE</b>						
Great Britain	C 2					
Greece	C 19					
Portugal	C 112	11	2	1		
Spain	C 314	2				
Turkey	C 139					
<b>NORTH AMERICA</b>						
Guatemala	C 1	16				
Mexico	C 52					
<b>SOUTH AMERICA</b>						
Bolivia	C 24					
Brazil	C 1					
Colombia	C 970	4	—	1		
Ecuador	C 1					
Peru	C 6					
Venezuela (lastrim)	C 128	6				

**TYPHUS FEVER**

[C indicates cases; D, deaths]

	AFRICA		143	43			
					6	13	20
Algeria	C 1,509						
Belgian Congo	C 1,210						
British East Africa	C 2						
Egypt	C 3,117	262	4	47	33		28
Eritrea	C 40						
Morocco	C 274	3					
Tunisia	C 515						
Union of South Africa	C 105	2					
<b>ASIA</b>							
China	C 1,278	448	63	30			
Chosen	C 156						
India	C 2						
Indochina (French)	C 2						
Iran	C 233						
Iraq	C 86	22	1		5		2
Japan	C 2						
Palestine	C 43	10	3	4	3		7
Straits Settlements	C 1	2					
Trans-Jordan	C 15						
<b>EUROPE</b>							
Bulgaria	C 85	9					
Germany	C 120	9					
Greece	C 24	1					
Hungary	C 69	5					1
Irish Free State	C 6				3		
Lithuania	C 59						
Rumania	C 1,092	86	1	7	6		5
Spain	C 9	5					
Turkey	C 503						
Yugoslavia	C 233	9					
<b>NORTH AMERICA</b>							
Guatemala	C 211	16					
Mexico	C 168				1		
Panama Canal Zone	C 3						

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**WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS  
FEVER, AND YELLOW FEVER—Continued**

**TYPHUS FEVER—Continued**

[C indicates cases; D, deaths]

Place	January-May 1940	June 1940	July 1940—week ended—			
			6	13	20	27
<b>SOUTH AMERICA</b>						
Bolivia.....	C	165	—	—	—	—
Chile.....	C	57	3	—	—	—
Ecuador.....	C	2	—	—	—	—
Peru.....	C	197	—	—	—	—
Venezuela.....	C	8	—	—	—	—
<b>OCEANIA</b>						
Australia.....	C	10	—	—	—	—
Hawaii Territory.....	C	13	3	—	—	1

**YELLOW FEVER**

[C indicates cases; D, deaths]

AFRICA							
Cameroon: Nkongsamba.....	C	11	—	—	—	—	—
French Equatorial Africa: Fort Ar-chambault.....	C	11	—	—	—	—	—
Gold Coast.....	C	1	—	—	—	—	—
Ivory Coast.....	C	1	—	—	—	—	—
Nigeria:							
Ibadan.....	C	—	1	—	—	—	—
Oshogbo.....	C	11	—	—	—	—	—
Oyo Province.....	C	—	1	—	—	—	—
Togo (French).....	C	—	1	—	—	—	—
<b>SOUTH AMERICA</b>							
Brazil:							
Espirito Santo State.....	D	28	—	—	—	—	—
Rio de Janeiro State.....	D	1	—	—	—	—	—
Colombia:							
Antioquia Department—San Luis. D	D	2	—	—	—	—	—
Caldas Department—							
La Pradera.....	D	1	—	—	—	—	—
Samana.....	D	1	—	—	—	—	—
Victoria.....	D	1	—	—	—	—	—
Santander Department.....	D	—	—	—	—	—	1

<sup>1</sup> Suspected.

<sup>2</sup> Jungle type.

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